United States Cochrane Center

Annual Report January 1, 2004 - December 31, 2004

The Cochrane Collaboration

Preparing, maintaining and

promoting the accessibility of systematic reviews

of the effects of healthcare interventions
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### Abbreviations used in USCC Annual Report

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<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
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<td>AVSL</td>
<td>Association of Vision Science Librarians</td>
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<tr>
<td>CAM</td>
<td>Complementary and Alternative Medicine Field</td>
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<td>CCAG</td>
<td>Cochrane CENTRAL Advisory Group</td>
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<td>CCSG</td>
<td>Cochrane Collaboration Steering Group</td>
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<tr>
<td>CCT</td>
<td>CONTROLLED CLINICAL TRIAL</td>
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<td>CCTR</td>
<td>Cochrane Controlled Trials Register</td>
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<tr>
<td>CENTRAL</td>
<td>The Cochrane Central Register of Controlled Trials</td>
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<td>CEVG</td>
<td>Cochrane Eyes and Vision Group</td>
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<td>CMP</td>
<td>CENTRAL Management Plan</td>
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<td>CRG</td>
<td>Collaborative Review Group</td>
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<td>HSSS</td>
<td>Highly Sensitive Search Strategy</td>
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<td>IMSG</td>
<td>Information Management System Group</td>
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<td>Master List</td>
<td>Master List of Journals Being Searched</td>
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<td>MeSH</td>
<td>Medical subject heading</td>
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<tr>
<td>NEI</td>
<td>National Eye Institute</td>
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<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NLM</td>
<td>National Library of Medicine</td>
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<td>PaPaS</td>
<td>Pain, Palliative and Supportive Care Group</td>
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<td>RCT</td>
<td>RANDOMIZED CONTROLLED TRIAL</td>
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<tr>
<td>RevMan</td>
<td>Review Manager</td>
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<td>RGC</td>
<td>Review Group Coordinator</td>
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### United States Cochrane Center (USCC) Annual Report 1/1/04 to 12/31/04

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<tr>
<th>Abbreviation</th>
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<tr>
<td>SR</td>
<td>Systematic Review</td>
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<td>TSC</td>
<td>Trials Search Coordinator</td>
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<td>UCSF</td>
<td>University of California, San Francisco</td>
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<td>UKCC</td>
<td>United Kingdom Cochrane Centre</td>
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<td>USCC</td>
<td>United States Cochrane Center</td>
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United States Cochrane Center (USCC)  
Annual Report 1/1/04 to 12/31/04

1. Introduction

The United States Cochrane Center (USCC) is an active contributor to The Cochrane Collaboration, a worldwide network of healthcare professionals, researchers, trainers and others who are dedicated to making up-to-date, accurate information about the effects of healthcare readily available to clinicians, researchers, policymakers, consumers, and others. It does this by producing, updating, and disseminating systematic reviews of healthcare interventions and by producing the Cochrane Central Register of Controlled Trials (CENTRAL), the best single source of reports on clinical trials.

The USCC was established in December 2002, when the New England Cochrane Center Boston office, the New England Cochrane Center Providence office, and the San Francisco Cochrane Center merged to form a single registered entity with a main office and two branches. The main office in Providence, Rhode Island is the first point of contact for the work of The Cochrane Collaboration in the United States and assumes responsibility for fulfilling the core Center functions.

2. Mission

The overall mission of the USCC is to further the Collaboration's goal of making widely available systematic reviews of evidence on the effects of healthcare. A specific objective of the USCC (Providence) is to help Cochrane collaborators prepare systematic reviews by coordinating the development of the Central Register of Controlled Trials (CENTRAL).

3. Responsibilities of the USCC

Every Cochrane Center has core responsibilities, as follows:

• Ensure effective and efficient communication between the Center and members of other entities within The Cochrane Collaboration;
• Contribute to maintaining the Center’s Contact Directory;
• Create and maintain a Center module at least once annually;
• Ensure the sustainability and continuity of Center projects to forward the objectives of the Collaboration;
• Produce a strategic plan with targets and an annual report that reports on progress against these targets;
• Serve as an information source about The Cochrane Collaboration and support people who want to become involved, including authors, handsearchers, consumers, and others;
• Provide and facilitate training and support for authors, editors, coordinators, handsearchers, and other contributors;
• Support Collaborative Review Groups’ (CRGs) editorial bases, Methods Groups and Fields/Networks, which are located in countries for which the Center is the reference center, and/or where deemed appropriate by Center needs and resources;
• Promote accessibility to The Cochrane Library to healthcare professionals, consumers, and others;
• Handsearch general healthcare journals from the region and promote handsearching activities in the reference countries; and
• Submit handsearch results to CENTRAL.

The USCC also has unique responsibilities that forward The Cochrane Collaboration’s mission. In this regard, the Center coordinates development of CENTRAL, published quarterly on The Cochrane Library. As the most comprehensive database of trial reports in the world, CENTRAL provides a major source of evidence for Cochrane reviews. Developing, updating, and maintaining this database encompasses several tasks, which include:

• Acting as the "central" clearinghouse for trial reports identified by the Collaboration prior to dissemination of information about them through CENTRAL, MEDLINE, and other sources by:
  ○ Monitoring, collecting, and processing the results of individual or group electronic searches of the specialist and general healthcare literature;
  ○ Monitoring, collecting, and processing the results of individual or group handsearches of the specialist and general healthcare literature;
  ○ Coordinating the Master List of Journals Being Searched, which includes over 2,400 journals being handsearched by The Cochrane Collaboration;
  ○ Contributing quality checked citations of the National Library of Medicine (NLM) for retagging in MEDLINE as RANDOMIZED CONTROLLED TRIAL (RCT) [Publication Type] or CONTROLLED CLINICAL TRIAL (CCT) [Publication Type].

• Convening the Cochrane CENTRAL Advisory Group (CCAG), which requires the preparation of meeting agendas, minutes, and relevant documentation;
• Taking on tasks and responsibilities as needed by the CRGs and assigned by the CCAG; and
• Supporting Trials Search Coordinators (TSCs) and others who maintain specialized registers of trials, to offer advice and guidance.

4. Funding and projects

4.1 Agency for Healthcare Research and Quality (AHRQ) Conference Grant

The USCC has a 5-year conference grant from the Agency for Healthcare Research and
Quality (AHRQ) and a 7-year contract from the National Eye Institute (NEI). The overall objective of the AHRQ grant is to conduct a series of conferences to increase and improve the US involvement and contribution to The Cochrane Collaboration. The conference series over the five-year period includes two US Contributors’ Conferences, a series of smaller hands-on training workshops, and development of a web-based distance education module on evidence-based healthcare for consumer advocates. Evaluation will be a key aspect of all conferences and training workshops, which will be modified accordingly. The result of the conferences and workshops will be a critical mass of US-based clinicians, educators, researchers, policymakers and consumers trained to prepare and use the essential elements of evidence-based healthcare.

4.1.1 Consumer Coalition

The AHRQ grant supports the creation of a coalition of healthcare consumer advocacy groups with the goal of fostering the growth of a critical mass of consumer organizations committed to integrating critical appraisal and the concepts of evidence-based healthcare into their work. The USCC Consumer Coalition was founded in 2003 and meets at least annually to further their aims of:

- Building an infrastructure that facilitates incorporating evidence-based methods into their work, educating their constituencies about evidence methods and interpretation, and disseminating evidence-based findings; and
- Developing a distance education module on evidence-based healthcare for consumer advocates, for unrestricted use.

The second annual USCC Consumer Coalition meeting was held August 3-4, 2004 at the Cosmos Club in Washington, DC. Twenty-one members, three guest speakers, and two USCC staff attended the meeting. Participants also included a liaison to the Cochrane Consumer Network, Liz Whamond, and an epidemiologist, Roger Bernier (Centers for Disease Control and Prevention), who participated because of a special assignment to engage the public on issues related to vaccine safety and policy. Six new consumer advocacy organizations were included in this meeting.

Meeting participants considered how evidence could be used and improved to empower consumers individually and collectively. The group decided that to develop effective strategies, they would need to take into account the diverse needs of populations, gaps in existing evidence, and the financial conflicts that can drive the way primary research is prioritized, conducted, and reported. The Coalition elected to work on projects that would not only facilitate consumers’ use of information but would also improve the quality, quantity, and relevance of that information. A summary report of the meeting is attached (see Appendix A).
4.1.2 US Contributors’ Meeting

The 1-2 April 2004 US Contributors’ Meeting, held at Brown University in Providence, RI, represents a significant accomplishment of the Center. The 2-day conference was attended by over 150 participants from across the country. Eight workshops, four plenaries, and four parallel sessions were offered with topics covering involvement of consumer advocates in the Cochrane Collaboration, statistical methods in systematic reviews, getting systematic reviews published in journals, the Cochrane Collaboration for newcomers, concerns of funders, building partnerships, working with the media, evidence-based education, and dissemination and use of evidence. The agenda and an Executive Summary of the meeting report are provided in Appendices B and C, respectively.

4.2 National Eye Institute (NEI) Contract

The overall goal of the NEI contract is to develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews. Since 2002 when the contract was granted, the US Satellite of the Cochrane Eyes and Vision Review Group (CEVG) based at the USCC has held 15 workshops including those on peer review, evidence-based healthcare, and how to perform a systematic review. Workshops have trained over 50 Cochrane reviewers and directly resulted in new Cochrane systematic reviews in the field of ophthalmology and optometry. Section 9.1 provides additional information on the activities of the US satellite of the CEVG group.

4.3 National Library of Medicine (NLM) Grant

The Center collaborates with the National Library of Medicine (NLM) in identifying and retagging controlled trial reports in MEDLINE. Information on the MEDLINE Retagging project is provided in Sections 8.1.1 and 8.2.1.

5. Boston Branch of the USCC

The Boston Branch of the USCC has had a special focus on research and training. It participates in research on statistical methods for systematic reviews, with emphasis on methods for synthesis, presentation and interpretation of results, and development of software to support systematic reviews. The Boston Branch also provides training and mentoring on how to interpret Cochrane systematic reviews and synthesize evidence, and offers methodological assistance to those performing reviews.

Despite a lack of funding for Cochrane activities in 2004, the Boston Branch was active. The Branch fielded approximately ten calls per month for information about the Collaboration and about four calls per month related to subscribing to The Cochrane Library. It also referred
numerous interested researchers to the appropriate review group. Additionally, the Boston Branch assists reviewers in need of translation of articles in the Chinese literature, and in this regard has identified Dr. Yannan Sun to assist. The Boston Branch office is based at the Division of Clinical Care Research at the New England Medical Center and Tufts University School of Medicine.

6. The San Francisco Branch of the USCC

The San Francisco Branch of the USCC has been involved in transitioning the development and management of Cochrane’s electronic Criticism Management System to Wiley InterScience, Inc., the new publisher of *The Cochrane Library*. The Branch also supports the HIV/AIDS CRG and is involved in the debate on conflicts of interest within The Cochrane Collaboration. The San Francisco Branch is based at the University of California, San Francisco.

7. Progress Report on Targets for 01/01/04 to 12/31/04

Based on the USCC mission and responsibilities, a series of performance targets, objectives and activities were developed to guide the work of the Center in 2004 (see Appendix D). This section summarizes the achievements related to each 2004 performance target.

7.1 Target: Coordinate the development and maintenance of CENTRAL

7.1.1 Perform and compile results of literature searches (specialized register submissions, handsearch results, and MEDLINE electronic search)

The USCC coordinates activities related to CENTRAL, a comprehensive register of controlled trial reports, including:

- **Processing of specialized registers**: Each CRG is responsible for developing a subject-specific specialized register of studies potentially eligible to be included in systematic reviews. Cochrane Fields may also develop registers, although this is not required. Updated registers are submitted quarterly to the USCC for processing, where they are checked for conformance with pre-agreed publishing standards. Processed registers are subsequently submitted to the publisher of *The Cochrane Library*. For each issue of *The Cochrane Library* (published four times per year) the USCC processed close to 300,000 citations from specialized registers.

- **Processing of results of handsearching journals**: Citations identified by individuals handsearching journals and conference proceeding are also submitted quarterly to and processed by the USCC. In 2004, the USCC processed 14,260 handsearch submissions for *The Cochrane Library*. 
Performing electronic searches of MEDLINE: The USCC conducts annual electronic searches of MEDLINE to identify new controlled trials not already tagged as Publication Type CONTROLLED CLINICAL TRIAL (CCT) or RANDOMIZED CONTROLLED TRIAL (RCT). The USCC completed the search for 2003 MEDLINE during the summer of 2004 and, after completing a quality control check, submitted previously untagged, 2,027 records to the National Library of Medicine (NLM) for retagging.

The Specialized Register and Handsearch Results Log is made available on the USCC website (www.cochrane.us), documenting register and handsearch submissions processed for CENTRAL in 2004.

7.1.2 Coordinate, maintain, and regularly update the Master List of Journals Being Searched

The USCC coordinates the Master List of Journals Being Searched (Master List), which includes more than 2,400 journals and conference proceedings that are handsearched by Cochrane Collaborators to identify controlled trials. Maintaining the database requires continuous updating when an entity notifies the USCC of a new search, completion of a search, or discontinuation of a search. To ensure that the Master List is kept current, the USCC conducts an annual Master List update mailing through which the coordinators of all registered specialties provide updated information about their handsearch activities via email. The annual Master List update mailing, conducted in March 2004, received responses from 59 of 70 Cochrane entities with registered searches.

7.1.3 Serve as coordinating group for the CCAG activities. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG email discussion list, and preparing and disseminating CENTRAL and CCAG related materials

Since 1998, Kay Dickersin has served as the convenor of the CCAG, reporting to the Steering Group. USCC staff have taken responsibility for planning, convening and minuting conference calls (at least annually) and in-person meetings of the group. Meeting minutes are made publicly available. In addition to meetings and teleconferences, the group maintains an email discussion list through which members communicate regularly.
7.1.4 In collaboration with the CCAG, Review Group Coordinators (RGCs), the Informational Management System Group (IMSG), TSCs, the United Kingdom Cochrane Centre (UKCC), Update Software, and John Wiley and Sons, prepare for development of the “new CENTRAL”

In February 2004, the USCC began pilot testing development of a “new CENTRAL” trials register that would be study-based rather than report-based. Plans for the “new CENTRAL” included a system for web-based electronic submission of specialized registers and handsearch results. USCC activities in 2004 related to this task included:

- Testing of a study-based CENTRAL register using Oracle 9.2;
- Testing of populating the database by downloading trial records from MEDLINE;
- Testing data extraction from existing specialized registers using a CENTRAL submission from The Cochrane Eyes and Vision Group (CEVG);
- Completing a report of testing of procedures, presented to CCAG at its October 2004 meeting in Ottawa;
- Drafting the remit for a proposed CENTRAL and Trials Registers Advisory Group (CTAG), which was circulated to CCAG, IMSG, and the TSCs for feedback in early 2004; and
- Drafting of a questionnaire to obtain information from TSCs for CCAG regarding data fields included in their specialized registers.

Also in 2004, and related to the maintenance of CENTRAL:

- CEVG@US undertook a pilot project to index conference abstracts in CENTRAL using Medical Subject Headings (MeSH), to assess the feasibility of applying MeSH to all CENTRAL records;
- USCC staff developed a new web-based help page for TSCs entering citations into CENTRAL;
- The CENTRAL Management Plan (CMP), which describes standard operating procedures for development of the CENTRAL database, was updated;
- The USCC obtained estimates for translation of all non-English language abstracts in CENTRAL.
- Elena Glatman, USCC CENTRAL Coordinator, presented a status report on specialized register and handsearching submissions to participating TSCs and RGCs.
7.2 Target: Work with the National Library of Medicine (NLM) to ensure that controlled trials included on MEDLINE are appropriately indexed as Publication Type CONTROLLED CLINICAL TRIAL (CCT) and RANDOMIZED CONTROLLED TRIAL (RCT) (“MEDLINE Retagging Project”).

7.2.1 Receive, process, and quality check submissions of handsearch results from Cochrane entities, perform electronic search on MEDLINE, and submit the results to NLM.

The USCC conducts an annual search of MEDLINE to identify newly added RCT and CCT that remain unindexed as such, using phases I and II of the Cochrane highly sensitive search strategy (HSSS). A complete search of the 2003 records in MEDLINE was concluded during the summer of 2004, resulting in a submission of 2,027 citations to NLM for retagging as RCT and CCT. In addition, the USCC submitted 2,311 citations identified through handsearching by other Cochrane entities (see Appendix E for a detailed summary). Funding was provided to the USCC to perform this project for ten years (1994-2004), during which time the USCC submitted a total of 119,919 records for retagging to NLM (see Appendix F).

7.3 Target: Provide training and support for reviewers, RGCs, TSCs, editors, handsearchers, and consumers. In addition, provide training and support for others responsible for training activities.

7.3.1 Maintain, revise, and distribute on the Worldwide Web and elsewhere guides for Cochrane procedures

Training and supporting reviewers, TSCs, RGCs, and handsearchers is a core function of the USCC. The USCC regularly reviews training materials to ensure that they are accurate and up-to-date. The following guides, handbooks, and documentation are posted on our website.

- The CENTRAL Management Plan (CMP), edited by USCC staff, includes 7 sections (see below) documenting procedures for contributing to, updating, maintaining, and managing the CENTRAL register. Sections 2 and 3, the Guide for Submission of Specialized Registers to CENTRAL and the Guide for Submission of Handsearch Results to CENTRAL, provide instructions and include forms used by the TSCs to submit citations identified by electronic and handsearches of the healthcare literature on a specific disease or topic.

  - Section 1: CMP Introduction
  - Section 2: Guide for Submission of Specialized Registers to CENTRAL
  - Section 3: Guide for Submission of Handsearch Results to CENTRAL
  - Section 4: Coding of Records in CENTRAL as CCTR and Correction of Records
Section 4 was revised in 2004.

- Cochrane Reviewers’ Handbook provides guidance for each stage of performing a Cochrane systematic review. The USCC has responsibility for Chapter 5 (Locating and Selecting Studies for Reviews).
- Cochrane Handsearcher Training Manual, produced by USCC staff, introduces Cochrane guidelines for identifying randomized controlled trials and controlled clinical trials, provides practice exercises for individuals interested in becoming handsearchers, and provides a knowledge assessment test.
- Guide for Trial Search Coordinators, introduces new TSCs to procedures involved in coordinating CENTRAL submissions. The fifth version of the guide was edited by the UKCC in late 2004.
- Specialized Register and Handsearch Results Log, produced by USCC staff, is a cumulative report providing information about quarterly specialized register and handsearch submissions to CENTRAL.
- Summary of Specialized Registers and Handsearch Submissions Results, produced by USCC staff, summarizes the types of problems encountered in processing records for CENTRAL.

The USCC continuously searches for ways to make resources easily accessible to affiliated groups and individuals. The USCC website has special resource pages for reviewers, handsearchers, consumers, and newcomers to The Cochrane Collaboration. In 2004, a new TSC Resources Page was created on the USCC website that includes useful links to submission guidelines and forms.

### 7.3.2 Develop and facilitate Cochrane training workshops and courses

The USCC developed and presented the following training workshops in 2004:

- How to Conduct a Systematic Review
  Two workshops hosted by the CEVG@US, January 23-24, 2004 in Sarasota, Florida and July 21-23, 2004 in Woods Hole, Massachusetts. (Kay Dickersin, Suzanne Brodney Folse, and Joyce Coutu of the USCC, and others);
• **Train the Trainer: Techniques for Training Systematic Reviewers**  
  October 5, 2004, 12th Annual Cochrane Colloquium in Ottawa, Canada. (Suzanne Brodney Folse of the USCC and Denise O’Connor of The Australian Cochrane Centre);

• **Translating Critical Appraisal of a Manuscript into a Meaningful Peer Review**  
  Annual American Glaucoma Society Meeting, March 7, 2004 in Sarasota, Florida. (Kay Dickersin, Suzanne Brodney Folse, of the USCC, and others);

• **Evidence-based Ophthalmology**  
  Association for Research in Vision and Ophthalmology, April 24, 2004 in Fort Lauderdale, Florida. (Kay Dickersin, Suzanne Brodney-Folse, and Joyce Coutu of the USCC, and others);

• **Finding and Using the Best Evidence for Healthcare Practice**  
  July 14, 2004 in San Antonio, Texas, Summer Institute on Evidence-Based Practice. (Kay Dickersin of the USCC, and others);

• **Identifying Controlled Trial Reports (Introductory and Advanced Sessions)**  
  October 5-6, 2004, 12th Annual Cochrane Colloquium in Ottawa, Canada. (Elena Glatman, Eric Manheimer, and Susan Wieland of the USCC);

• **When Untested Therapies Become Accepted Practice: Evidence-based Medicine and Consumers**  
  October 6, 2004, 12th Annual Cochrane Colloquium in Ottawa, Canada. (Kay Dickersin of the USCC, and Maryann Napoli of the USCC Consumer Coalition).

Eight workshops were offered during the US Contributors’ Meeting in April 2004 including:

• Introduction to The Cochrane Collaboration;
• Introduction to The Cochrane Consumer Network;
• Hands-on: Getting the Most from *The Cochrane Library*;
• Statistical Methods for Meta-analysis;
• Finding Your Place in the Cochrane Collaboration;
• Methods for Systematic Reviews of Screening and Diagnostic Tests;
• Hands-on RevMan Training;
• Getting Your Review Published in a Major Journal.

Descriptions of the workshops are provided in the Executive Summary of the meeting report (see Appendix C).

In addition to these training workshops, web-based distance education courses were revised or
under development in 2004:

• **Handsearching: Identifying and Classifying Controlled Trial Reports**
  This course was developed in 2003 and revised in 2004, with the latest version (Version 2.1) planned for release in early 2005. Approximately 100 individuals had registered for the course by the end of 2004, representing a cross-section of countries (e.g., China, Brazil, Finland, and Iran) and professions (e.g., clinicians, librarians, medical writers, and physical therapists). Registrants were surveyed in March 2004 and, based on their responses, the course was revised to improve ease of use and course completion rates (see Appendix G for course overview).

• **Translating Critical Appraisal of a Manuscript into Meaningful Peer Review**
  This course was under development in 2004, for piloting in early 2005, and will replace the in-person workshop of the same name. It includes didactic lectures and a hands-on module where participants can write and receive faculty feedback for the manuscript critiques they prepare (see Appendix H for the course overview).

• **How to Evaluate Medical Evidence: A Course for Consumers**
  The USCC Consumer Coalition formed a committee to design a web-based course for consumers in August 2004. The committee developed a draft outline of a course designed to educate consumers about ways to search for, evaluate, use and improve healthcare evidence (see Appendix I for a list of the Committee members and a draft course outline).

7.3.3 **Provide ongoing support and training through individual contacts, email discussion lists, and directories**

USCC staff, particularly the CENTRAL and Cochrane Coordinator, communicate daily with TSCs from various Cochrane entities. The TSC email Listserv is maintained by the USCC and is critical for communication with TSCs regarding CENTRAL submission queries, reminding TSCs of upcoming deadlines and meeting dates, and posting other information that may be relevant to TSC training and support. The **TSC Directory** is updated regularly by USCC staff.

The USCC also provides ongoing support and training through mentoring and methodological consultation. With support from the NEI, the Center is able to provide US-based authors working on Cochrane systematic reviews related to eyes and vision with a methodologist assistant, based in Providence, who prepares materials for and works with authors via email, telephone and in-person consultation. Twenty-five review authors received technical assistance from Cochrane staff in 2004. Appendix J provides a list of review topics and authors. The USCC also offers quiet space and individual support for review authors wishing to spend a “mini-sabbatical” at the Center’s office working on their reviews. In 2004, six authors took
advantage of this opportunity.

An important function of the USCC is to train health professionals, the media, and consumers to use The Cochrane Library. Towards this end, the 2004 Annual US Contributors’ Meeting included a hands-on workshop demonstration, facilitated by Pamela Sieving of the US National Institutes of Health and Eric Manheimer of the Cochrane Complementary and Alternative Medicine Field. A July 2004 workshop at the San Antonio Summer Institute on Evidence-Based Practice entitled, Finding and Using the Best Evidence for Healthcare Practice, also included a presentation on using The Cochrane Library.

7.4 Target: Promote awareness of The Cochrane Collaboration and access to Cochrane products.

7.4.1 Ensure that individuals (including consumers) and institutions within the region served by the USCC are aware of all aspects of The Cochrane Collaboration and the USCC; highlight Cochrane activities in presentations and reports to health professionals and consumers, whenever relevant

Promoting awareness of The Cochrane Collaboration is a critical USCC objective. Major aspects of our strategy include making presentations about the Collaboration to key audiences, providing greater understanding of and access to The Cochrane Library, and building stronger partnerships with the media and healthcare consumers. The USCC also welcomes visitors to the Providence Office to gain firsthand experience with its research and activities (see Appendix K for visitors in 2004).

In 2004, USCC staff made presentations highlighting issues associated with The Cochrane Collaboration and its work, including those on evidence-based healthcare and The Cochrane Collaboration, consumer advocacy and access to online healthcare information, and the need for a global clinical trials register. Presentations are listed in Appendix L.

Noted in sections 5.1.2. and 8.32, the first US Contributors’ Meeting was held in Providence, RI on April 1-2, 2004. The meeting agenda is provided in Appendix B and an Executive Summary of the meeting report is provided in Appendix C.

The USCC website and brochure were both revised in 2004, (an electronic version of the brochure can be viewed at: http://www.cochrane.us/documents/USCochraneCtr_ColorBrochure.pdf).
7.4.2 Work to ensure that The Cochrane Library is made available and accessible to all regional institutions and government agencies

Presentation of The Cochrane Library is a regular feature of USCC staff presentations on evidence-based healthcare, The Cochrane Collaboration, and related topics. In 2004, USCC staff also made specific presentations highlighting The Cochrane Library for the Annual Meeting of the Association for Population/Family Planning Library and Information Center and the Rhode Island Department of Health.

Semiannual meetings involving USCC staff, Dan Fox, Chair of the USCC Advisory Board, and John Wiley and Sons, publishers of The Cochrane Library focused on ways to raise the awareness and encourage use of The Cochrane Library among librarians, consumers, and journalists.

7.4.3 Encourage institutions and colleagues (e.g., National Institutes of Health (NIH), professional review organizations, health departments, university libraries) to expand subscriptions to Cochrane products

At the end of 2004 and in the US, only the state of Wyoming offered free access to The Cochrane Library for its residents. The National Institute of Child Health and Human Diseases provides the complete text of Cochrane reviews produced by the Cochrane Neonatal Review group. Abstracts of Cochrane systematic reviews are available on MEDLINE, and freely available via The Cochrane Collaboration and Wiley Interscience web pages. The American Academy of Ophthalmology is one example of an US-based organization with a link to The Cochrane Library on its website. To increase the availability and accessibility of The Cochrane Library in the US, John Wiley and Sons has agreed to provide free 30-day access to all USCC-sponsored workshop participants.

7.4.4 Work with the media to increase awareness and use of The Cochrane Library

In 2004, USCC staff took steps to work more closely with the media to increase journalists’ awareness and use of The Cochrane Collaboration products and information. For example, The Center for Advancement of Health began a pilot program to produce stories about newly published Cochrane reviews for the Center’s Behavioral News Service. In addition, USCC staff speak regularly with media representatives about The Cochrane Collaboration and its activities.

The 2004 US Contributors’ Meeting included a session entitled, “Lost in Translation? Cochrane and the Media.” Faculty consisted of healthcare journalists who discussed how and why the media choose health-related stories to report, and how The Cochrane Collaboration could leverage certain resources in order to disseminate information on evidence-based
healthcare. The annual Consumer Coalition meeting also featured Andrew Holtz, then President of The Association of Healthcare Journalists who presented “Developing a trustworthy and media savvy identity”.

7.4.5 Work with physicians, consumers, government, and others to identify ways in which Cochrane Reviews can better meet their needs

In 2004, USCC staff engaged in multiple outreach activities to schools of medicine and public health, hospitals, and government agencies providing information on how Cochrane reviews promote evidence-based healthcare. USCC staff visited with faculty and students at Tulane School of Public Health and Tropical Medicine, Johns Hopkins Bloomberg School of Public Health, Boston University School of Medicine, Yale School of Medicine, Rhode Island Hospital, and the Rhode Island Department of Health (see Appendix L).

The USCC is committed to increasing consumer involvement in Cochrane activities and increasing consumer awareness of Cochrane products. In addition to developing a web-based consumer workshop, a number of other consumer-focused activities were undertaken in 2004:

- The Second Annual USCC Consumer Coalition meeting was held in Washington, DC, in August 2004. Participants elected Steering Committee members, finalized their mission statement, and devised an action plan for consumer-based projects (see Appendix A for the meeting report).
- Four sessions at the 2004 US Cochrane Contributors’ Meeting focused on consumer needs and involvement in The Cochrane Collaboration (see the meeting agenda in Appendix B for details).
- The USCC provided $50,000 for consumer travel to the 12th Annual Cochrane Colloquium in Ottawa, Bridging the Gaps, from October 1-6, 2004.

7.4.6 Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (e.g., indexing of Cochrane reviews in MEDLINE)

The USCC volunteered to assist with a letter supporting inclusion of The Cochrane Library in Science Citation Index.

7.4.7 Maintain and expand the USCC’s web presence

Maintaining and continuing to develop a USCC web presence increases visibility of The Cochrane Collaboration. Towards this end, in 2004 a number of improvements were made to the USCC website:
In April 2004, the USCC launched its redesigned website, providing information on evidence-based healthcare research and links to resources for clinicians, consumers, policymakers, researchers, and the media, as well as training materials and other information encouraging involvement in The Cochrane Collaboration and the use of evidence-based decision making.

In September 2004, Christine Costantino was hired as the USCC Web Developer and immediately made additional improvements to the USCC website, including revised formatting to enable compatibility with search engines such as Google.

In September 2004, the USCC also began tracking traffic for the center website. Over 17,640 “hits” were recorded in the last 4 months of the year. This number increased steadily, from 3,903 in September, 2004 to 6,430 in December of that year, indicating the success of the redesigned and more easily-accessible website. The CEVG@US website logged 132,764 “hits” in 2004, up from 34,345 in 2003.

A new help page was created for TSCs, providing answers to technical questions related to CENTRAL submission procedures, and links to resources such as the TSC Guide, submission forms, and frequently asked questions (See also Section 3.3).

7.5 Target: Perform USCC administrative functions

7.5.1 Perform handsearching of US medical journals

A total of 55 journal-years (from seven US medical journals and conference proceedings) were handsearched by USCC, resulting in the identification of 959 RCTs and 443 CCTs for CENTRAL inclusion (see Appendix M for details).

7.5.2 Participate in annual meetings at the October 2004 Ottawa Colloquium

Sixty-one US Contributors met at the Ottawa Cochrane Colloquium. The group received updates on the Consumer Coalition, the possible Behavioral Medicine Field, new Steering Committee members, and US Center activities. Other topics covered included North American training opportunities, dissemination efforts in the US to increase understanding and use of The Cochrane Library, funding efforts and plans, and upcoming USCC events.

USCC staff also participated in other Center-related meetings at the 2004 Colloquium:

- Meet the Entities exchange, where the USCC staff hosted an information table and collected written feedback on a draft of the new USCC and CEVG brochures.
• Cochrane Center Staff Meeting, where staff from the 12 Cochrane Centers met to exchange information and ideas.
• Center Director Meeting, which included discussion on strategic planning, branch responsibilities, and organizing future meetings. Kay Dickersin serves as Co-Convener of this group, for 2003-2005.

Using funds from the AHRQ conference grant, the USCC underwrote $50,000 in stipends for consumer travel to the Ottawa Cochrane Colloquium, and supported meals for the Center Directors meeting.

Since 1994, The USCC has overseen administration of The Thomas C. Chalmers, MD, Award at The Colloquium each year, and Kay Dickersin serves as a member of Award Selection Committee. The prize is awarded to the best oral paper or poster presented at The Cochrane Colloquium addressing a methodological issue related to systematic reviews.

Kay Dickersin also participated in the Cochrane Collaboration Steering Group (CCSG) meeting in Ottawa, in her role as Publication Co-Arbiter.

7.5.3 Perform Center administrative functions

Other center functions performed in 2004 included:

• Update the US Cochrane Contact Directory.
• Update The USCC Handbook, incorporating new and modifying existing USCC procedures.
• Host a meeting of The USCC Advisory Board on July 28-29, 2004 in Washington, DC. This meeting focused on improving ways to ensure that Cochrane products were accessible and relevant to target audiences. US entities reported on the need for marketing to increase awareness of the Collaboration and to attract reviewers. Problems with dependence on volunteers for producing, disseminating, and attracting funding for Cochrane reviews were also discussed. The USCC Advisory Board also reviewed the USCC Strategic Plan (see Appendix N) and individual members made commitments related to plan implementation in the coming years. USCC Advisory Board members are listed in Appendix O.
• Develop a full-color brochure, Evidence-based Healthcare. Helping You Make It A Reality. The brochure provides general information about the Collaboration, systematic reviews, and ways to get involved in USCC activities.
• Complete and submit documentation of the Center’s activities, including completion of the Center’s module update and the annual Cochrane monitoring report (see Appendix P for USCC’s progress on 2004 targets and targets for 2005).
7.6  **Target: Seek and obtain funding support for USCC activities**

7.6.1 **Ensure the continuation of the MEDLINE Retagging Project funding to ensure that all controlled trials on MEDLINE are indexed appropriately on MEDLINE and included in CENTRAL**

In 2004, NLM funding ended for the MEDLINE project after 10 years of uninterrupted support. The USCC submitted a 10-year summary of NLM submissions for the period 1994-2004 and a final report (see Appendix F for summary). During the Summer of 2004, the USCC completed the electronic search for MEDLINE records from 2003, summarized in Appendix E.

The USCC also began the electronic search for 2004 MEDLINE records, and prepared to request funding from the CCSG to ensure continuation of the MEDLINE Retagging Project in 2005.

7.6.2 **Continue working with other funding agencies that have contributed funding to the Baltimore Cochrane Center or NECC in the past, as well as the Cochrane Steering Group**

The Milbank Memorial Fund provided support for the USCC Advisory Board meeting in July 2004 and support for the 2004 USCC Contributors’ Meeting in April 2004. The USCC maintains close relationships with all of the organizations represented by the members of the Advisory Board and is constantly evaluating potential funding opportunities. The USCC worked closely with AHRQ and the NEI to ensure that project goals were realized. In an effort to continue the MEDLINE Retagging Project without interruption in 2005 the USCC anticipates requesting funding from the CCSG.

7.6.3 **Ensure continuation of AHRQ funding**

The USCC continued to receive support from AHRQ through its conference grant. The Year 02 Annual Progress Report for “Training for US Cochrane Contributors and Others” was completed and submitted to AHRQ in May 2004. The continuation application for Year 03 was submitted in June 2004 and was approved for funding in September 2004.

7.6.4 **Ensure continuation of NEI funding for programs to increase awareness of and involvement in evidence-based healthcare research among US eyes and vision specialists**

Progress reports on the activities of CEVG@US were submitted to NEI in September and March 2004, in partial fulfillment of the terms of the 7-year contract.
7.6.5 Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL

Existing funds for the development and refinement of CENTRAL, awarded by the CCSG, were considered sufficient to complete the 2004 tasks. The USCC will explore new funding in the future, as needed.

7.6.6 Work with USCC branches in the US to identify sources of funding and to leverage our combined efforts to obtain funding

Two sessions at the 2004 USCC Contributors’ Meeting addressed funding issues:

• What do Funders Want?
  This plenary session provided information on the intersection of the work of The Cochrane Collaboration and the missions and needs of US funding agencies. Also included was a discussion of how systematic reviews and evidence-based healthcare currently informs healthcare policy decisions at the government level.

• Creative Strategies for Getting the Work Done
  This parallel session addressed the use of advisory groups for fund-raising purposes, small grants, funding for satellite groups, and creative funding approaches.

The Directors of the USCC and its branches are in regular communication, including discussions about funding opportunities.

7.7 Target: Conduct research

7.7.1 Conduct methodological research in systematic reviews, trials registers, and meta-analysis

A core objective of the USCC is to conduct methodological research related to systematic reviews, trials registration, and The Cochrane Collaboration. Lack of funding and the need to fulfill obligations related to current grants and contracts, limit the resources available to develop a significant research program. Activities in 2004 included:

• Susan Wieland and Kay Dickersin co-authored “Selective exposure reporting and MEDLINE indexing limit the search sensitivity for observational studies of the adverse effects of oral contraceptives”, accepted for publication in the Journal of Clinical Epidemiology on November 8, 2004. This article reports a study that is one of the first to explore the sensitivity and precision of searching in MEDLINE for observational studies;
• Susan Wieland and Kay Dickersin presented “The Cochrane Collaboration in English-language Newspapers,” (poster) at the 12th Annual Cochrane Colloquium in Ottawa, 2004;

• Roberta Scherer and Kay Dickersin co-authored, “Author Self-Classification of Conference Proceeding Abstracts”, (poster) at the 12th Annual Cochrane Colloquium in Ottawa, 2004. The research explored whether authors accurately classified their research studies as clinical trials or not, in abstract submissions to the 2003 meeting of the Association of Research in Vision and Ophthalmology;

• Kirby Lee, Elizabeth Boyd, and Lisa Bero, of the USCC San Francisco Branch Office, presented two papers on the peer review process at the 12th Annual Cochrane Colloquium in Ottawa:
  ○ “Methodological quality of accepted and rejected papers submitted to three leading biomedical journals” (oral); and
  ○ “A look inside the black box: A description of the editorial process at three leading biomedical journals” (oral).

• Suzanne Brodney Folse and Kay Dickersin drafted a summary protocol entitled, “A Randomized Controlled Trial to Examine the Effects of an Online Peer Review Workshop to Improve the Quality of Peer Review,” for preliminary discussion with the NEI about possible funding.

8. Update on US-based Collaborative Review Groups

8.1 Eyes and Vision CRG-US Satellite (CEVG@US)

CEVG@US was established in 2002 with funding from the NEI of the National Institutes of Health. The CEVG has its editorial base in the UK. The overall objective of CEVG@US, directed by Kay Dickersin, is to develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews. At the end of 2004, mid-year 03 of the contract, approximately 60 US clinicians and researchers were involved in developing Cochrane reviews. A total of 15 review titles had been registered by CEVG@US members, five protocols had been completed, two protocols were in progress, and four reviews were in progress.

In 2003, Roberta Scherer, PhD at the University of Maryland was awarded a subcontract from the NEI award to oversee and coordinate handsearching efforts for the CEVG@US. A web-based version of the handsearcher training course was released in 2003 to the public free of
charge, and was revised in 2004 for release in early 2005 after extensive pilot testing. Five Association of Vision Science Librarians (AVSL) have completed this course and three have participated in handsearching vision science journals. Another AVSL member has searched conference proceedings. Electronic and hand searches in 2004 identified 496 RCT and 184 CCT reports. These trial reports were submitted to CEVG for inclusion in their specialized register, which contained 7,752 reports as of October 30, 2004. Records for these trials were published in Issue 4, 2004 of The Cochrane Library.

The 11 member CEVG@US Advisory Group has played a critical role in crafting a strategy for the group’s work, including identification of priority topics for systematic reviews. In 2004, a questionnaire soliciting suggestions for additional priority topics was administered to ophthalmologists and optometrists serving as faculty for and attending CEVG@US workshops. A current priority list can be viewed at the CEVG@US website under the “Authors Wanted” banner.

The CEVG@US satellite has assumed responsibility for hosting the CEVG website (http://www.cochraneeyes.org) and has collaborated with the editorial base in the development of short- and long-term priorities for improving site navigation and layout, many of which were implemented during 2004. Changes include new links from vision-based organizations (including the AVSL, the Institute for Ophthalmology, and the American Academy of Ophthalmology) to the website, a site map for improved navigation, and a Listserv to encourage interested individuals to sign up to receive email notification of newly-published Cochrane titles, protocols, updates and reviews.

In 2004, CEVG@US offered four in-person workshops (Translating Critical Appraisal of a Manuscript into Meaningful Peer Review; Evidence-based Ophthalmology: A Workshop on Finding, Synthesizing, and Applying Clinical Evidence; and How to Perform a Systematic Review [held twice]).

CEVG@US members serve as CEVG editors: Kay Dickersin has been an Editor since the group’s inception, and Roberta Scherer and Milan Mathew serve as Methodological Editors.

8.2 HIV/AIDS CRG

The Cochrane HIV/AIDS CRG was officially registered in March 1997, and has its editorial base at the University of California, San Francisco. The Group’s mission is to conduct systematic reviews of RCTs and other rigorous controlled studies with clinical, serologic, behavioral, economic and other outcomes on the prevention and treatment of HIV infection and AIDS. In 2004, the group published a total of 6 new protocols, 1 new review, and 2 substantively updated reviews in The Cochrane Library. In addition, the Group had 41 registered titles as well as 11 draft protocols and 8 draft reviews in the editorial process. The Group’s specialized register contains 5,550 reports, 782 of which are associated with 300 RCTs.
The Cochrane HIV/AIDS Group held its first North American Review Completion Course in June 2004 at the UCSF Institute for Global Health; nine reviewers participated. The Group produced publications and abstracts over the course of the year, including a tutorial on systematic reviews, an evidence assessment of strategies for HIV prevention, treatment and care, and a systematic review on HIV behavioral prevention research among heterosexual African American men.

In partnership with the South African Cochrane Centre, the HIV/AIDS CRG instituted a mentoring program for new African reviewers, which it continues to refine. A South Asian mentoring program was added in 2004, in conjunction with the South Asian Cochrane Network. In July 2004, the South Asian Cochrane Network hosted a workshop on systematic reviews and meta-analyses. This workshop was partially supported by the HIV/AIDS CRG, and Coordinating Editor George Rutherford was a workshop faculty participant. Additional information on the HIV/AIDS Group can be found on its website (http://www.igh.org/Cochrane/).

8.3 Prostatic Diseases and Urologic Cancers CRG

The Prostatic Diseases and Urologic Cancers CRG was registered on December 23, 1996 and is dedicated to producing reviews of the best available evidence for interventions in the prevention, treatment and rehabilitation of benign and malignant prostate conditions (benign prostatic hyperplasia, prostate cancer, prostatitis) and urologic cancers (bladder, renal, testicular, penile, and urethral). Located at the Department of Veterans Affairs Medical Center in Minneapolis, Minnesota, the Group had 35 active members, including 2 consumers, in 2004. Fourteen members were from developing countries. Over the course of the year, this CRG published three new protocols, two new reviews, and lists nine review titles. Fifteen protocols and two reviews were in editorial process. The group’s specialized register contained 3,227 studies. Information about the Prostatic Diseases and Urologic Cancers CRG can be obtained from the Review Group Coordinator, Roderick McDonald, at roderick.macdonald@med.va.gov.

8.4 Pain, Palliative, and Supportive Care CRG, Pain section (PaPaS)

PaPaS was registered with the Collaboration in 1998. It focuses on reviews for the prevention and treatment of pain, end-of-life palliative care, and the support of patients, families, and caregivers. PaPaS covers five main topics: acute pain, chronic pain, (both related and unrelated to cancer), palliative care, and supportive care. While the editorial base is located at Churchill Hospital in Oxford, England, two editors are based in the US, Dan Carr of the New England Medical Center in Boston, Massachusetts, is lead editor for the pain reviews, and Doug McCrory of the Duke University Center for Clinical Health Policy Research is lead editor for the headache pain reviews. In 2004, there were 282 active members of this group, three of whom were consumers and 14 of whom were from developing countries. In 2004, the PaPaS CRG published 17 new protocols, 16 new reviews, and one substantive update to a review; 25 titles
were registered. Four draft protocols and ten draft reviews were in the editorial process. The specialized register contained 22,538 reports. More information about PaPaS can be found on its website, http://www.jr2.ox.ac.uk/cochrane.

9. Update on US-based Cochrane Fields

9.1 Complementary and Alternative Medicine (CAM) Field

The CAM field was established in 1996 to meet the growing need for evidence-based research in complementary and alternative medicine. It is dedicated to producing systematic reviews of RCTs in areas such as acupuncture, massage, chiropractic, herbal medicine, and homeopathy. The field is based at the University of Maryland School of Medicine in Baltimore, Maryland. Brian Berman is Field Coordinator and Eric Manheimer Field Administrator. CAM’s work is currently supported by a grant from the US National Institutes of Health Center for Complementary and Alternative Medicine, awarded in 2003.

The CAM field has been active in identifying, reviewing, and disseminating evidence on alternative medical therapies. By 2004, CAM had published approximately 10 systematic reviews. They also maintain a register of CAM trials, which they submit regularly to CENTRAL. Their NIH funding partially supports work at the Thomas Chalmers Center, based at the Children’s Hospital in Ontario. The Field has partnered with this group in the development of a pediatric CAM program (see http://www.chalmersresearch.com/specialties_comp.html). Brain Berman, serves on the Advisory Board of the Chalmers Center. Additionally, the CAM Field has a regular column in the journal, Alternative Therapies in Medicine, entitled, “Cochrane for CAM Providers: Evidence of Action.” The Field prepared a chapter, “State of the Emerging Evidence for CAM,” for the US Institute of Medicine report Complementary and Alternative Medicine in the United States, to be released in January 2005. A major focus of this chapter is the work of The Cochrane Collaboration and a summary and analysis of the CAM-related Cochrane reviews.

9.2 Health Care of Older People Field

Registered in 1994, the Health Care of Older People Field aims primarily to disseminate evidence on health problems and issues that predominately affect the elderly. Roseanne Leipzig, based at Mount Sinai Hospital in New York City, is the convener of the Field. This field was not active in 2004.

9.3 Primary Health Care Field

The Primary Health Care Field was registered with The Cochrane Collaboration in 1993, with the aim of improving the safety and effectiveness of care provided by primary care practitioners by disseminating relevant Cochrane information to clinicians, consumers, and other interested parties. The scope of interests in the Primary Health Care Field includes the organization and provision of preventive and treatment services for both acute and chronic
conditions within the community setting. The group works to ensure representation of primary care practice in Cochrane reviews, disseminate findings of Cochrane reviews to the primary care audience, and identify potential authors for systematic reviews of primary care-related topics. Additionally, the Field collects reports of RCTs and CCTs relevant to primary care for their specialized register.

9.4 Possible Behavioral Medicine Field

In 2003, the Evidence-based Behavioral Medicine Committee of the Society of Behavioral Medicine became interested in the possibility of creating a Behavioral Medicine Field. A pre-exploratory meeting in New York that year was followed by a formal exploratory meeting Mainz, Germany in 2004. A USCC staff member participated in both meetings: Nancy Owens in 2003, and Joyce Coutu in 2004. The initial stages of an application for registration with The Cochrane Collaboration began in 2004 and those involved hoped the Field would be registered in the coming years. The Field would be based in New York, at the Columbia College of Physicians and Surgeons, and would be convened by Karina Davidson, PhD.

10. Update on US-based Methods Group

10.1 Cochrane Screening and Diagnostic Tests Methods Group

The Cochrane Screening and Diagnostic Tests Methods Group is dedicated to evaluating evidence of the reliability and validity of screening and diagnostic tests. While the Group has existed since the early years of The Cochrane Collaboration, its activity has been limited. This was largely because systematic reviews of diagnostic accuracy were not originally included in The Cochrane Library. Recently, however, interest in such studies has grown, and the Group has become fully operational. Activities in 2004 centered on developing a Handbook for performing systematic reviews of diagnostic and screening tests. In 2004, group staff met in Freiburg, Germany, and again during the Ottawa Colloquium, to develop the structure and content of the handbook, which is now in draft form for pilot testing in 2005. Group members also became involved in the design of software that will be incorporated into RevMan, based on the methods outlined in the Handbook. The Cochrane Screening and Diagnostic Tests Methods Group is co-convened by Constantine Gatsonis of Brown University and Jon Deeks of Oxford University.

11. Performance Targets

See Appendix P for the USCC targets for 2005.

12.1 Contact person, USCC (until 30 September 2005 Providence, Rhode Island. As of 31 October 2005 Baltimore, MD)

Laura Coe, MPH (from 11/30/2004)
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12.2 Contact person, Boston Branch of the USCC

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12.3 Contact person, San Francisco Branch of the USCC

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Web page: http://www.uscf.edu/sfcc
13. Full and part-time staff at the USCC Offices in 2004

Director: Kay Dickersin, PhD

Director, Boston Branch: Joseph Lau, MD

Co-Directors, San Francisco Branch: Lisa Bero, PhD
Drummond Rennie, MD

Associate Director: Suzanne Brodney Folse, PhD, RD

Associate Director, Boston Branch: Alexia Antczak-Bouckoms, DMD, DSc

Coordinators: Barbara Fuller, MPH (12/18/03 to 7/20/04)
Laura Coe, MPH (from 11/30/04)
Deirdre DeVine (Boston Branch)

Erika Campbell (San Francisco Branch)

Coordinators for CENTRAL-Related Activities: Elena Glatman, MA (from 10/2/03 to present)

Consumer Coalition Coordinator: Jane Nadel (1/5/04 to 11/30/04)

Systematic Reviewers: Joyce Coutu (from 3/10/03 to present)
Milan Mathew (from 9/18/03 to 6/2/04)

Handsearchers: 24 students (Providence)

Specialized Register and Master List Processors: Arisha Ashraf

Workshop Trainers not otherwise noted: Ethan Balk, MD, MPH (Boston Branch)
Priscilla Chew, MPH (Boston Branch)
Christopher Schmid, PhD (Boston Branch)
Susan Wieland, MPH (Providence)
14. Sources of funding and support

14.1 Contracts and grants

14.1.1 USCC Providence - National Library of Medicine (NLM)

Source: National Library of Medicine
Title: Identification of RANDOMIZED CONTROLLED TRIAL in the Biomedical Literature
PI: Kay Dickersin, PhD
Specific Aims: To conduct and coordinate hand and electronic searches of health related literature to identify reports of RANDOMIZED CONTROLLED TRIAL (RCT) and CONTROLLED CLINICAL TRIAL (CCT) that are not already indexed as such on MEDLINE. The yield of searches is processed by the USCC and sent to the National Library of Medicine (NLM) for indexing as Publication Type RANDOMIZED CONTROLLED TRIAL or CONTROLLED CLINICAL TRIAL

Sponsor Ref: 467-MZ-300971
Dates: April 1, 2003 - March 31, 2004

14.1.2 USCC Providence - NEI

Source: National Eye Institute
Title: Support for US Activities of the CEVG within The Cochrane Collaboration
PI: Kay Dickersin, PhD
Dates: April 22, 2002 - April 3, 2009
Specific Aims: To develop a critical mass of US-based vision researchers and practitioners who are trained in preparing and using systematic reviews

14.1.3 USCC Providence

Source: Agency for Healthcare Research and Quality
Title: Training for US Cochrane Contributors and Others
PI: Kay Dickersin, PhD
Dates: September 30, 2002 - September 29, 2007
Specific Aims: To conduct a series of educational conferences to increase involvement in The Cochrane Collaboration
14.1.4 San Francisco Branch of the USCC - Garfield Foundation

Source: Garfield Foundation  
Title: The Eugene Garfield Foundation Grant to Support the San Francisco Cochrane Center  
PI: Drummond Rennie, MD  
Dates: January 1998 - December 31, 2004  
Specific Aims: To support personnel and activities of the San Francisco Cochrane Center

14.1.5 Boston Branch of the USCC - None

15. Acknowledgments

The staff of USCC would like to extend its sincere thanks to all those who have made contributions to the Center. Our funders have provided much needed support without which we would not have been able to carry out the activities listed in this report. We would also like to thank all those who have contributed their time and expertise as members of our Advisory Board, faculty for our training programs, investigators on our projects, consumers involved in the Consumer Coalition, and contributors to CENTRAL. Each of your contributions is recognized and much appreciated.
Appendix A
US Consumer Coalition Meeting Agenda
Cosmos Club, Washington, DC
August 3 – 4, 2004

Tuesday, August 3, 2004

2:00 pm  Welcome/Introductions - Brief review of 2003 meeting
  **Goals:** Provide enough background information so that everyone feels welcome
  and able to participate meaningfully in discussions.

  Introduce Steering Committee recommendations and indicate how we will
  make decisions pending adoption of formal infrastructure.

3:30 pm  Break

3:45 pm  Reach agreement on mission statement and objectives
  **Goal:** Discuss, revise as necessary, and agree to mission and goals.

4:30 pm  Building an infrastructure to support the mission and achieve goals
  **Goal:** Discuss and make initial decisions regarding infrastructure. Decide which
  issues should be referred to Steering (or Membership) Committee(s).

5:15 pm  Break

5:30 pm  Empowering advocates and consumers to demand, use, and improve evidence
  **Goal:** Discuss specific projects recommended by Steering Committee, explore
  how the projects will advance objectives, and consider any other suggestions for
  projects.

6:30 pm  Dinner

7:15 pm  Developing a trustworthy and media savvy identity
  Guest Speaker, Andrew Holtz, MPH
  **Goal:** Consider how the coalition can most effectively use the media to
  communicate with consumers and build trust with our target audience(s).

8:15 pm  Conclude with preview of tomorrow

Wednesday, August 4, 2004

8:00 am  Breakfast
8:30 am  **Overview of consumer participation in the Cochrane Collaboration**  
**Goal:** Familiarize everyone with the activities of the Cochrane Consumer Network (CCNet)

9:15 am  **Exploring the Coalition’s relationship with CCNet**  
**Goal:** Identify ways in which the Coalition and CCNet can interact, share resources, and promote common objectives.

9:45 am  *Break*

10:00 am  **Promoting a credible and visible image**  
Guest Facilitators, Chrissy Faessen and Joanne Howes  
**Goal:** Consider how the Coalition can develop an identity that will facilitate its mission and objectives.

11:15 am  **Elect Steering Committee members**  
**Goal:** Nominate and elect 3 members to serve 3-year terms on Steering Committee

11:30 am  **Prepare to undertake projects**  
**Goal:** Further discuss projects and form committees to undertake projects.

12:00 pm  *Lunch with selected committee*  
**Goal:** Provide informal opportunity for groups to begin process of working together.

12:45 pm  **Committees devise plans to accomplish projects**  
**Goal:** Devise specific plan including timeframes and means of further communication that will meet goals of each committee.

2:15 pm  *Break*

2:30 pm  **Committees report to coalition**  
**Goal:** Each committee informs other members of plans and receives input from the group.

3:15 pm  **Confirm decisions – address any issues that require immediate resolution**  
**Goal:** Make certain that outstanding issues are either addressed or that a specific plan is in place to resolve the issues.

4:00 pm  **Conclude**
Appendix B
US Contributors’ Meeting
Agenda

Building the Foundation: Creating Greater Awareness and
Use of Evidence-based Health Care

MacMillan Hall, 167 Thayer Street, Brown University, Providence, RI
April 1 – 2, 2004

Thursday, April 1, 2004

7:30 - 8:30 am  Registration and continental breakfast (MacMillan Hall, 167 Thayer Street)

8:30 - 9:00 am  Welcome
Kay Dickersin, Director, US Cochrane Center
Elizabeth Roberts, Rhode Island State Senator
Patricia Nolan, Director, Rhode Island Department of Health
Terrie Fox Wette, Associate Dean for Public Health and Policy, Brown Medical School

9:00 - 10:30 am  Plenary:  Highlights of the first 10 Years of the Cochrane Collaboration
Chair: Michael Bracken, Professor of Public Health, Yale School of Medicine
Evolution of an Organization (or building an airplane while it’s in the air) Drummond Rennie, Deputy Editor West, JAMA, and Director, USCC San Francisco Branch
A Consumer’s View of Cochrane Collaboration Accomplishments
Fran Visco, President, National Breast Cancer Coalition
Cochrane Systematic Reviews: The Heart of the Matter
Bongani Mayosi, Associate Professor of Cardiology, University of Cape Town, Cochrane Heart Group Reviewer

10:30 - 11:00 am  Break

11:00 - 12:30 pm  Concurrent Workshops

Workshop 1:  Introduction to the Cochrane Collaboration
Barbara Fuller, USCC Coordinator
Nancy Owens, former UsCC Coordinator

Workshop 2:  Consumer Advocates: Intro to Cochrane Consumer Network
Maryann Napoli, Associate Director, Center for Medical Consumers
Jane Nadel, USCC Consumer Network Coordinator

Workshop 3:  Hands-on: Getting the Most from the Cochrane Library
Pamela Sieving, Biomedical Librarian/Informationist, NIH Library
Eric Manheimer, Complementary Medicine Field Reviewer

Workshop 4:  Statistical Methods for Meta-analysis
Steven Goodman, Associate Professor, Oncology-Biostatistics, Johns Hopkins University School of Medicine
US Contributors’ Meeting Agenda (cont’d)

12:30 - 2:00 pm   Lunch

2:00 - 3:30 pm   Poster Session: The US Experience 10 Years On

3:30 - 5:00 pm   Plenary: What do Funders Want?
  Chair: Lorne Becker, Professor and Chair, Department of Family Medicine, SUNY Upstate Medical University
  Why Seeking Funding at AHRQ: Maybe Willie Sutton Wasn’t Wrong After All
    David Atkins, Chief Medical Officer, Center for Outcomes and Evidence, Agency for Health Research and Quality (AHRQ)
  Cochrane Collaboration Funder’s Forum: A Case Study of Small Beginnings
    Anne McFarlane, Executive Director, Canadian Institute for Health Information
  Potential Funding Mechanisms for Cochrane-related Work Through NIH
    Tonse Raju, MD, DCH, Program Scientist/Medical Officer, NICHD/NIH
  Perspectives from Foundations
    Jessie Gruman, President and Executive Director, Center for the Advancement of Health

5:30 pm   Reception at Hope Club

6:30 pm   Dinner at Hope Club

Friday, April 2, 2004

7:30 - 8:30 am   Registration and continental breakfast (MacMillan Hall, 167 Thayer Street)

8:30 - 10:00 am   Plenary: Building Partnerships for Greater Effectiveness - Examples from the Field
  Chair: Alexi Antczak-Bouckoms, Associate Director, USCC, Boston Branch
  Partnerships in Decision Making: Technology Assessments at AHRQ
    Joseph Lau, Director of USCC, Boston Branch, and Director, New England Evidence-based Practice Center, Tufts - New England Medical Center
  Cochrane Review Group on Effective Practice and Organization of Care:
    Group Collaboration on QI Evidence-based Practice Reports
      Jeremy Grimshaw, Director, Center for Best Practice, University of Ottawa, and Canada Research Chair in Health Knowledge, Transfer, and Uptake, Ottawa Health Research Institute
  Cochrane and the US Preventive Services Task Force
    Mark Helfand, Director, Evidence-based Practice Center, Oregon Health Sciences University
  Engaging Consumers with Cochrane
    Liz Whamond, Chair, Canadian Cancer Advocacy Network and Coordinating Committee of Cochrane Consumers Network

10:00 - 10:30 am   Break

10:30 - 12:00 pm   Parallel Sessions
US Contributors’ Meeting Agenda (cont’d)

Session 1: Lost in Translation? Cochrane and the Media
Chair: Maryann Napoli, Associate Director, Center for Medical Consumers

The Culture of Journalism
Andrew Holtz, President, Association of Health Care Journalists

The Media’s Role in “Selling Sickness”
Ray Moynihan, Washington DC-based

The Perils of Prevention
Shannon Brownlee, Writer/Journalist, New America Foundation

Reaching Consumers with the Evidence
Trudy Lieberman, Director for Center of Consumer Health Choices at Consumers’ Union

Session 2: Creative Strategies for Getting the Work Done (and getting the $)
Co-Chair: Lisa Schilling, Assistant Professor of Medicine, University of Colorado Health Sciences Center; Robert Dellavalle, Assistant Professor of Dermatology, University of Colorado Health Sciences Center

Advisory Groups and How They can Help You
Daniel Fox, President, Milbank Memorial Fund

Conference Grants: Small is Beautiful
David Atkins, Chief Medical Officer, Center for Outcomes and Evidence, AHRQ

Funding for Satellite Review Groups
Suzanne Brodney, Cochrane Eyes and Vision Group, Director, Associate Director, USCC

Creative Funding for Your Cochrane Habit
George Rutherford, Coordinating Editor, HIV/AIDS Review Group

Session 3: Integrating Evidence-based Health Care into the Curriculum
Chair: Richard Nelson, Assistant Professor, University of Illinois at Chicago

Preclinical Medical Education
Usha Reddy, Brown Medical School, Class of 2005

Teaching EBM to Medical Students and Residents
Frank Domino, Family Medicine Clerkship Director, University of Massachusetts Medical School

Evidence-based Nursing
Kathleen Stevens, Professor and Director, Academic Center for Evidence-based Nursing, University of Texas Health Sciences Center as San Antonio

Session 4: Exploring Heterogeneity and Coping with Publication Bias
Chair: Constantine Gatsonis, Professor and Director, Center for Statistical Sciences, Brown Medical School

Methodological Issues in Evidence Summaries
Joseph Lau, Director of USCC, Boston Branch, and Director, New England Evidence-based Practice Center, Tufts - New England Medical Center
US Contributors’ Meeting Agenda (cont’d)

Dealing with Publication Bias in Meta-analysis
Norma Terrin, Senior Statistician at Biostatistics Research Center,
Associate Professor of Medicine, Tufts University of SOM

Regression Models in Meta-Analysis
Christopher Schmid, Senior Statistician at Biostatistics Research Center, Associate Professor of Medicine, Tufts University SOM

12:00 - 1:00 pm Lunch

1:00 - 2:30 pm Concurrent Workshops

Workshop 1: Finding Your Place in the Cochrane Collaboration:
Gail Kennedy, Coordinator, Cochrane Review Group on HIV/AIDS;
Liz Whamond, Chair, Canadian Cancer Advocacy Network and
Coordinating Committee of Cochrane Consumers Network

Workshop 2: Methods for Systematic Reviews of Screening and Diagnostic Tests
Constantine Gatsonis, Professor and Director, Center for Statistical Sciences, Brown Medical School

Workshop 3: Hands-on: RevMan training
Diane Haughton, Review Group Coordinator, Neonatal Review Group

Workshop 4: Getting Your Review Published In A Major Journal
Drummond Rennie, Deputy Editor West, JAMA, and Director, USCC, San Francisco Branch

2:30 - 3:00 pm Break

3:00 - 4:30 pm Plenary: Knowledge Brokering: Dissemination and Use of Evidence
Chair: Jane Sisk
What Would Help Us At CMS
Steve Phurrough, Director, Coverage and Analysis Group, Centers for Medicare and Medicaid Services

Health Evidence and the Judicial System
Margaret A. Berger, Professor of Law, Brooklyn Law School

Using Evidence to Create Professional Society Guidelines
Virginia Moyer, Professor, Center for Evidence-based Medicine, University of Texas Medical School

Using Systematic Reviews in Medicaid Drug Purchasing - Oregon and Beyond
Mark Gibson, Deputy Director, Center for Evidence-based Policy, Milbank Memorial Fund

4:30 pm Close
Appendix C
US Cochrane Collaboration Contributors’ Meeting Report
Executive Summary

Building the Foundation: Creating Greater Awareness and Use of Evidence-based Health Care

The report summarizes the first meeting of United States (US) Cochrane contributors hosted by the US Cochrane Center (USCC) outside the annual meetings of the Cochrane Colloquium. US-based contributors have participated in all aspects of The Cochrane Collaboration since its inception in 1993 and now represent approximately 10% of all Cochrane contributors. This conference was designed to provide an opportunity for experienced US Cochrane participants to discuss experiences, opportunities and challenges and to expose newcomers to the philosophy, methods, and activities of the Collaboration. The title of the conference, “Building the Foundation: Creating Greater Awareness and Use of Evidence-Based Health Care,” reflects the overall objectives of the meeting: to begin to set the agenda for the next 10 years of USCC’s work; to develop funding strategies; to create partnerships with policymakers, consumers, providers, educators, and others; and to build a strong methodological base for the US contributors’ work. The sessions and presentations included in this conference support these objectives.

1.1. Plenary sessions

1.1.1. The initial plenary session, Highlights of the First Ten Years of The Cochrane Collaboration, provided background information about the Collaboration and its accomplishments from the perspectives of an editor of a major medical research journal who also participated in the development of the Collaboration, a clinician who currently participates in and uses Cochrane reviews, and a leader in consumer advocacy who has been involved with The Cochrane Collaboration over many years.

1.1.2. The What do Funders Want? session provided information regarding the intersection of the work of The Cochrane Collaboration and the missions and needs of US funding agencies. Also included was a discussion of how systematic reviews and evidence-based healthcare currently informs healthcare policy decisions at the government level.

1.1.3. A third plenary, Building Partnerships for Greater Effectiveness: Examples from the Field, provided examples of collaborations between research, policy, clinical and consumer organizations to develop and use systematic reviews. Additional discussion centered on the gains and challenges experienced and alternative methods for fostering partnerships.
1.1.4. The final plenary, Knowledge Brokering: Dissemination and Use of Evidence, focused on the practical application of systematic reviews in clinical and policy contexts from the federal, state and professional society perspective. Presenters provided examples of using systematic reviews and evidence-based decision-making and discussed related benefits, needs, and concerns.

1.2. Workshops

Eight workshops provided participants with information regarding the purpose, functions and methods employed by The Cochrane Collaboration as well as opportunities for involvement in Cochrane activities. Also included was a hands-on demonstration of the Cochrane Collaboration’s Review Manager (RevMan) software, designed to facilitate the preparation and maintenance of Cochrane systematic reviews.

1.3. Parallel Sessions

These sessions provided opportunities for in-depth discussion of issues of specific concern to Cochrane contributors. One session focused on how the media use and view evidence-based research. Another discussed strategy for funding Cochrane activities, and a third reviewed methods for integrating evidence-based healthcare into educational curricula. The last session concerned issues and methods related to the quality of systematic reviews, including heterogeneity of studies and publication bias.

1.4. Poster Session

Fifteen posters were presented. Topics ranged from reports of systematic review findings to how systematic reviews have altered practice, methods of introducing The Cochrane Collaboration and the concept of evidence-based healthcare to medical students and clinicians, a comparison of the US and international contribution to the Collaboration, and the development of the Cochrane Central Register of Controlled Trials.

1.5. Evaluation of the Conference

One hundred fifty-four participants, representing a broad range of experience and disciplines, attended the conference. These included clinicians, researchers, national and local policymakers, librarians and information technology specialists, consumer advocates, and funding agency representatives. Participants were asked to complete an evaluation for each session attended. Respondents were generally very enthusiastic about their experience, rating most aspects of the meeting from 4.12 to 4.5 on a scale where 5 = excellent. Almost 90% of conference participants who completed the evaluations reported that the meeting had met their
Contributors’ Meeting Report Executive Summary (cont’d)

expectations. Comments indicated that participants were very satisfied with the conference content. Several opportunities for improvement were noted, including a need to provide attendees with presenter notes or slides, and better organization of the poster session.

1.6 Conclusion

This conference provided a perspective on the first 10 years of US-based Cochrane Collaboration activities, a stock-taking of accomplishments to date, and discussion of the next steps in continuing the growth of Cochrane activities in the US. Cochrane participants in the US have been involved in a broad range of research and methodological activities and have made substantive contributions to the Collaboration. Future challenges include raising awareness of Cochrane systematic reviews in the consumer and health professional communities, increasing evidence-based clinical practice, and obtaining financial support to continue the growth and development of the work of The Cochrane Collaboration in the United States. The diversity of participants and their enthusiastic reception of conference presentations attest to the large and growing interest in using evidence to inform healthcare decisions and improve the quality of healthcare within the US.
Appendix D
United States Cochrane Center
Performance Targets for January 1 - December 31, 2004

1. Target: Coordinate the development and maintenance of the Cochrane Central Register of Controlled Trials (CENTRAL)

1.1 Objective: Perform and compile results of literature searches (MEDLINE search, handsearch results, and specialized register submissions)

Action Items:

• Receive and process submissions of handsearch results from Cochrane entities and submit to CENTRAL publisher [Anticipated Completion Date (ACD): quarterly]

• Receive and process submissions of specialized registers (SRs) from Cochrane entities and submit to CENTRAL publisher (ACD: quarterly)

• Perform quality control on electronic search results before submission to CENTRAL (ACD: 10/04)

• Produce and disseminate on the US Cochrane Center web site a list of all SRs and handsearch submissions processed for CENTRAL (ACD: quarterly)

1.2 Objective: Coordinate, maintain, and regularly update the Master List of Journals Being Searched (Master List)

Action Items:

• Maintain Master List through annual update mailing (ACD: annually in March)

1.3 Objective: Serve as coordinating group for the CENTRAL Advisory Group (CCAG) activities. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG email discussion list, and preparing and disseminating CENTRAL and CCAG related materials

Action Items:

• Convene annual meeting of CCAG at the 2004 Cochrane Colloquium (ACD: 10/04)

• Distribute to the CCAG list the final minutes for the 2004
Performance Targets for January 1 - December 31, 2004 (cont’d)

Colloquium meeting of the CCAG (ACD: 12/04)

- Convene and produce minutes for CCAG conference calls (ACD: 1-2 times annually)

- Produce documents required for CCAG reporting to Steering Group (ACD: twice annually)

- Decide on how to proceed with stored paper copies of old handsearch results to facilitate retrieval of lost records (ACD: ongoing)

1.4 Objective:

In collaboration with the CCAG, Collaborative Review Group (CRG) Coordinators, the Information Management System Group (IMSG), Trials Search Coordinators (TSCs), the United Kingdom Cochrane Center (UKCC), Update Software and Wiley InterScience, prepare for the development of the new CENTRAL

Action Items:

- Pilot tests are required of the following processes:
  - MEDLINE, EMBASE and LILACS downloads (ACD: 6/04)
  - web based data entry (ACD: 2005)
  - transfer of SR in ProCite and Meerkat to relational database (ACD: 9/04)
  - repopulating SRs with “clean” data (ACD: ongoing)

- Decide upon a final set of fields to include in CENTRAL for the new generation of The Cochrane Library software (ACD: ongoing - being discussed by CCAG)

- Develop plans to register unpublished trials on CENTRAL or elsewhere (ACD: To be determined by CCAG)

- Develop systems for record coding on CENTRAL to enable searching specifically for records not yet included in any Review Group’s SR (ACD: To be determined by CCAG)

- Develop systems for insuring upload to CENTRAL of the 755 remaining lost handsearch results (ACD: ongoing)

- Develop systems and rules for publishing references to ongoing and unpublished trials (ACD: To be determined by CCAG)
Performance Targets for January 1 - December 31, 2004 (cont’d)

• Create a database list of updated journal names (each journal with its own table of information) (ACD: ongoing)

• Establish systems for quality checking handsearch submissions from non-English language journals (ACD: ongoing)

2. Target: Work with National Library of Medicine (NLM) to ensure that controlled trials included on MEDLINE are appropriately indexed as publication type CONTROLLED CLINICAL TRIAL (CCT) or RANDOMIZED CONTROLLED TRIAL (RCT) (MEDLINE Retagging Project)

2.1 Objective: Receive, process, and quality check submissions of handsearch results from Cochrane entities, perform electronic search on MEDLINE, and submit the results to NLM

Action Items:
• Complete the 2003 search of MEDLINE using Phases I and II of the Cochrane Highly Sensitive Search Strategy (HSSS) (ACD: 7/04)

• Review search results and identify unindexed reports of RCTs and CCTs (ACD: 9/04)

• Complete quality control of the results from electronic search (ACD: 10/04)

• Quality check handsearch results and submit for MEDLINE retagging (ACD: once each year)

• Submit file of unindexed reports of RCTs and CCTs to NLM for retagging (ACD: ongoing)

• Phase I, 2001 titles without abstracts to identify potential trials (ACD: ongoing)

3. Target: Provide training and support for reviewers, Review Group Coordinators (RGCs), Trial Search Coordinators (TSCs), editors, handsearchers, and consumers. In addition, provide training and support for others responsible for training activities
Performance Targets for January 1 - December 31, 2004 (cont’d)

3.1 Objective: Maintain, revise and distribute on the worldwide web and elsewhere guides for Cochrane procedures

Action Items: • Distribute and maintain on the web and elsewhere a Guide for Submission of Specialized Registers to CENTRAL, to assist RGCs/TSCs and others in submitting their specialized registers to CENTRAL (ACD: ongoing)

• Distribute and maintain on the web and elsewhere a Guide for Submission of Handsearch Results to CENTRAL, to assist RGCs/TSCs and others in submitting their handsearch results to CENTRAL (ACD: ongoing)

• Revise, distribute and maintain the CENTRAL Management Plan (ACD: ongoing)

• Revise Locating and Selecting Studies, Chapter Five of the Cochrane Reviewer’s Handbook (ACD: 5/04)

• Maintain, revise and distribute the Cochrane Handsearcher Training Manual (ACD: ongoing)

• Maintain the permissions for the Cochrane Handsearcher Training Manual (ACD: ongoing)

• Create a help file for TSCs at http://www.cochrane.us (ACD: ongoing)

3.2 Objective: Develop and facilitate Cochrane training workshops and courses

Action Items: • Provide register and handsearch submission training for TSCs, RGCs, and others, at the 2004 Colloquium and other opportunities, as requested (ACD: 10/04)

• Develop and facilitate two Colloquium workshops in handsearching the healthcare literature for trial reports (ACD: 10/04)

• Develop and facilitate one workshop at the 2004 Colloquium on train-the-trainer (ACD: 10/04)

• Develop a web-based distance education handsearching course (ACD: 4/04)
Performance Targets for January 1 - December 31, 2004 (cont’d)

- Develop a web-based distance education peer review course (ACD: 4/04)
- Develop a web-based distance education consumer course (ACD: 10/04)
- Through both the dissemination of the Handsearcher Training Manual and the provision of the handsearching workshops, train 50 individuals to handsearch the medical literature (ACD: 12/04)
- Facilitate one workshop in peer review for 2004 (ACD: 4/04)
- Facilitate one protocol training workshop for 2004 (ACD: 4/04)
- Facilitate one systematic review training workshop for 2004 (ACD: 4/04)
- Provide one critical appraisal for health care professionals workshop (ACD: 10/04)
- Develop and facilitate one workshop with US consumer advocates on ways to disseminate information on evidence-based healthcare to consumers of healthcare in the US (ACD: 7/04)

3.3 Objective: Provide ongoing support and training through individual contacts, email discussion lists, and directories

Action Items:

- Support communication on the development and maintenance of CENTRAL through maintenance of TSCs’ e-mail discussion list (ACD: ongoing)
- Support communication and collaboration among TSCs and Centers through the updating and regular distribution of the Cochrane Collaboration Directory of Trial Search Coordinators (TSCs) and Contact People at Centers (ACD: ongoing)
- Provide mentoring and methodological consultation to individual Cochrane collaborators throughout the year (ACD: ongoing)
- Train health professionals, the media, and consumers to use The Cochrane Library (ACD: ongoing)
4. Target: Promote awareness of The Cochrane Collaboration and access to Cochrane products

4.1 Objective: Ensure that individuals (including consumers) and institutions within the region served by USCC are aware of all aspects of The Cochrane Collaboration and the USCC; highlight Cochrane activities in presentations and reports to health professionals and consumers, whenever relevant

Action Items:
- Give two international and five national or local presentations about The Cochrane Collaboration and distribute informational materials to interested parties (ACD: 9/04)

4.2 Objective: Work to ensure that The Cochrane Library is made available and accessible to all regional institutions and government agencies

Action Items:
- Participate in semiannual conference calls with the North American Cochrane Center Group of Wiley InterScience (Wiley) (ACD: 5/04 and 10/04, twice a year)
- Work with Wiley to negotiate a rate for a provision license for the State of Rhode Island (ACD: ongoing)
- Promote The Cochrane Library in presentations, workshops, and meetings and distribute promotional materials to participants (ACD: ongoing)

4.3 Objective: Encourage institutions and colleagues [e.g., National Institutes of Health (NIH), professional review organizations, health departments, university libraries] to expand subscriptions to Cochrane products

Action Items:
- Work with Wiley to negotiate a subscription rate on behalf of the American Academy of Ophthalmology (ACD: ongoing)
- Negotiate with Wiley free trial access for the members of the USCC Consumer Coalition (ACD: ongoing)
- Provide free trial access for all participants of USCC sponsored
workshops (ACD: ongoing)

4.4 Objective: Encourage news media to subscribe to and use The Cochrane Library

Action Items: • Log media contacts (ACD: ongoing)

• Monitor media mentions of The Cochrane Collaboration in English language news sources (ACD: ongoing)

4.5 Objective: Work with physicians, consumers, government, and others to identify ways in which Cochrane Reviews can better meet their needs

Action Items: • Address this topic at meetings, workshops and presentations to gather information (ACD: ongoing)

4.6 Objective: Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (e.g., indexing of Cochrane Reviews in MEDLINE)

Action Items: • Provide assistance to facilitate the process of indexing, if needed (ACD: ongoing)

4.7 Objective: Maintain and expand the USCC’s web presence

Action Items: • Track hits to the site (ACD: ongoing)

• Develop strategies to improve layout, format, navigation and overall design (ACD: ongoing)

• Update and revise content (ACD: ongoing)

5. Target: Perform USCC administrative functions

5.1 Objective: Perform handsearching of US medical journals

Action Item • Generate accurate counts of trials for most common journal names in high yield journals (ACD: ongoing)

5.2 Objective: Participate in annual meetings at the 2004 Ottawa Colloquium
Performance Targets for January 1 - December 31, 2004 (cont’d)

(The ACD for all Action Items listed below is 10/04)

**Action Items:**

- Hold US Cochrane Contributors’ meeting
- Participate in the Meet the Entities exchange
- Participate in the Cochrane Center staff meeting
- Participate in the Center Director meeting
- Participate in the Steering Group meeting
- Administer the Thomas C. Chalmers, MD Award

**5.3 Objective:** Perform general Center administrative functions

**Action Items:**

- Develop and maintain a US Cochrane contributors’ database of postal and email addresses and update twice yearly (ACD: ongoing)
- Participate in mid-year Steering Group and Center Directors’ Meetings (ACD: 2/04)
- Monitor and respond to all requests for information about The Cochrane Collaboration and Cochrane related products (ACD: ongoing)
- Maintain up-to-date USCC Task List (ACD: ongoing)
- Revise and reformat USCC Handbook (ACD: ongoing)
- Hold a USCC Advisory Board meeting (ACD: 7/04)
- Develop USCC brochure (ACD: 2005)
- Develop USCC newsletter in 2005 (ACD: 2005)
6. Target: Seek and obtain funding support for USCC activities

6.1 Objective: Ensure continuation of the MEDLINE Retagging Project funding from NLM to ensure that all controlled trials on MEDLINE are indexed appropriately on MEDLINE and included in CENTRAL

Action Items:
• Submit progress reports to NLM (Wrap-up report for 10 years) (ACD: 6/04)

6.2 Objective: Continue working with other funding agencies (e.g., Agency for Healthcare Research and Quality, Milbank Memorial Fund) that have contributed funding to the Baltimore Cochrane Center or NECC in the past, as well as the Cochrane Steering Group

Action Items:
• Raise funds for consumers to attend Cochrane Colloquia (ACD: 3/04)

6.3 Objective: Ensure continuation of AHRQ funding

Action Items:
• Submit continuation application to AHRQ (ACD: 5/04)
• Provide documentation and reports to AHRQ as required (ACD: ongoing)

6.4 Objective: Ensure continuation of NEI funding for programs to increase awareness of and involvement in evidence-based healthcare research among US eyes and vision specialists

Action Items:
• Provide documentation and reports to NEI as required (ACD: 4/04 and 10/04, twice a year)

6.5 Objective: Continue to identify new sources of funding for the ongoing development and refinement of CENTRAL

Action Items:
• Submit a request to CCSG for funding (ACD: 12/04)

6.6 Objective: Work with other Cochrane Centers in the US to identify sources of funding and to leverage our combined efforts to obtain funding

Action Items:
• Dedicate a plenary and a parallel session at the US
Contributors’ Meeting to address funding issues (ADC: 4/04)

- Provide grant writing assistance and informal training to US contributors and entity members, as needed (ACD: ongoing)

7. Target: **Conduct research**

7.1 Objective: Conduct methodological research in systematic reviews, trials registers, and meta-analysis

**Action Items:**

- Submit poster presentations to the 2004 Cochrane Colloquium (ACD: 10/04)

- Submit papers for publication describing research and other work related to The Cochrane Collaboration (ACD: ongoing)

- Develop protocol for a project that compares handsearching the paper version of a journal with the online version of the same journal (ACD: 12/04)
## Appendix E
### Submissions to NLM in 2004 (Revised 11-19-05)
**(reports published in 1966-2003)**

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## Appendix F
1994–2004 MEDLINE Retagging Submissions to The National Library of Medicine (NLM)

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<sup>1</sup> Includes citations identified through searches received in the first round of submissions January 1 - March 31, 2004.

<sup>2</sup> RCT = RANDOMIZED CONTROLLED TRIAL [Publication Type]

<sup>3</sup> CCT = CONTROLLED CLINICAL TRIAL [Publication Type]

<sup>4</sup> USCC = United States Cochrane Center
Appendix G  
Overview of Web-based Course  
Handsearching - Identifying and Classifying Controlled Trial Reports

A. Team Members:

- Faculty (Kay Dickersin)
- Project Manager (Suzanne Brodney Folse)
- Instructional Designer (Bryce Myers, Dan Schwartz)
- Web Developer (Maggie Friedfeld, Sue Baumes, Christine Costantino)
- Administrator/Coordinator (Joyce Coutu)
- Administrative Assistant (Darlene Wood, Heidi Kelleher)
- Handsearching Experts (Susan Wieland, Elena Glatman, Swaroop Vedula)
- Research/Content Assistant (Arisha Ashraf)
- Student/Staff Reviewers for Pilot Study

B. Syllabus:

This course is divided into modules. The approximate time it will take to complete each part of the course is noted after the module title.

B.1. Module 1: Why is Handsearching Important? (15 minutes)
Describes the rationale for the creation of the Cochrane Collaboration and the development of the Cochrane CENTRAL Register of Controlled Trials ("CENTRAL" for short), the Cochrane Collaboration's source of trial reports, and introduces the Cochrane Collaboration classifications of trials eligible for inclusion in CENTRAL.

B.2. Module 2: Steps to Successful Handsearching (1 hour total. Each step with corresponding quiz, 10 minutes each)
Describes where in journal articles the information needed for identification and classification of trial reports may be found, and outlines the step-by-step decision making necessary in identification and classification for trial reports eligible for CENTRAL.

B.3. Assessments
Assessments are intended for users who have read through both course modules and have successfully completed the quizzes within them.

Self-Assessment with Abstract Examples (90 minutes)
Provides a self-assessment exercise in identifying and classifying trial reports eligible for CENTRAL from abstracts.
B.3.1 **Self-Assessment with Journal Article Examples (2 hours)**
Provides a self-assessment exercise in identifying and classifying trial reports eligible for CENTRAL from full-text examples.

B.3.2 **Handsearching Test (6-12 hours)**
Tests the trainees ability to identify and classify trial reports eligible for CENTRAL by handsearching a full issue of a journal.

B.4. **Glossary & Resources**
Defines terms relevant to the course modules and includes references to websites for additional information and study. Entries derived from:

- The Cochrane Reviewers’ Handbook, 4.2.5, May 2005
  http://www.cochrane.org/resources/handbook/index.htm
Appendix H
Overview of Web-based Course
Translating Critical Appraisal of a Manuscript into Meaningful Peer Review

Rationale
This document outlines the content of the web-based peer review workshop (“the Workshop”) to be developed in WebCT as part of the Cochrane Eyes and Vision Group US Project (CEVG@US Project), funded by the National Eye Institute of the National Institutes of Health. The Workshop will replace the in-person workshop for Years 04-07 of the CEVG@US Project contract. We will propose to test the effectiveness of the Workshop in a trial after it has been pilot-tested and revised, as described in materials circulated to the Vision Journal Editors in October 2004.

Audience
The target audience for the Workshop includes ophthalmologists, optometrists and other vision practitioners, mainly based in the US, who wish to learn more about being a peer reviewer for biomedical journals. There are no prerequisites for this workshop, but participants should have a basic knowledge of the approaches and language related to epidemiology, study design, biostatistics and critical appraisal methods.

Aims
The aims of the Workshop include:
1. Understand the purpose, process and responsibilities in peer review from the perspective of the author, editor and reader;
2. Understand the available evidence regarding the effectiveness and utility of the peer review process;
3. Understand the different types of research questions and appropriate study designs for each;
4. Understand measures of association and strengths and limitations of various study designs;
5. Understand measures of association between exposures and outcomes;
6. Apply critical appraisal to manuscripts submitted for peer review;
7. Provide meaningful feedback to authors and editors to improve manuscript quality.

Design of the Workshop
The CEVG@US Project has held three in-person, peer review workshops (October 2003 at Brown University, March 2004 at the American Glaucoma Society Annual Meeting, and January 2005 at Brown University). Each workshop spanned approximately 4 hours and featured a journal editor as the keynote speaker and faculty with methodological and clinical expertise to facilitate small group discussions. The workshops began with didactic sessions covering peer review and critical appraisal, and then used a small group format for discussion of two manuscripts.

The activities used for the in-person workshop are similar to those proposed for the web-based workshop. Both require the participant to read the original submission of a manuscript, write a manuscript critique with comments for the editor and author, and discuss the critique and recommendations in a small group setting. The Workshop will also incorporate material to assist those students participating in online learning and a virtual classroom for the first time. Students will be provided with instructions to configure their computers, navigate within the WebCT platform environment, obtain and submit assignments online, and participate in online discussions.
Translating Critical Appraisal of a Manuscript into Meaningful Peer Review (cont’d)

The Workshop comprises 3 modules: 2 didactic modules with a total of 12 lectures and a ‘hands-on’ module, comprising reading assignments, exercises, and group discussion. Participants will be enrolled in class sizes of 6 to 8 to allow for productive interaction and discussion among participants and faculty. The Workshop will be conducted online and take 15 weeks to complete. Modules 1 and 2 will take 5 weeks to complete and Module 3 will take 10 weeks to complete. Module 3 will provide participants the opportunity to write two manuscript critiques and receive written and verbal feedback. All module lectures will be presented as Power Point slides with a concurrent audio track. Students will have the option of downloading a written transcript of each lecture, in an effort to accommodate various participant learning styles. Continuing medical education credit will be awarded for completing the Workshop.

Description of the modules

Module 1, Introduction to editorial peer review, will feature two lectures about peer review. Lecture 1, Peer review: what, why, who and how, will feature a biomedical journal editor followed by an assignment to read the Cochrane systematic review titled, Editorial peer-review for improving the quality of reports of biomedical studies. Lecture 2, What journal editors expect from peer reviewers, will feature a vision journal editor followed by 2 reading assignments. These include reading the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publications and reading the original submission of a manuscript and a well-written review prepared by workshop faculty.

Module 2, How to critically appraise the literature, will extend over 3 weeks and include 10 short audio lectures on study design and statistics. These lectures include the following titles:

1. The best study design depends on the research question,
2. Studies of intervention effectiveness,
3. Systematic reviews,
4. Studies of prognosis,
5. Studies of diagnosis,
6. Studies of incidence and prevalence,
7. Etiology of disease,
8. Case series and case reports: strengths and limitations,
9. Stages of knowledge: when some data are better than no data
10. Calculating and interpreting commonly used statistics.

Each lecture will be followed by a hands-on assignment to reinforce the content of the lecture. Practice exercises will include examples from published manuscripts to illustrate concepts. Lecture faculty will include statisticians, epidemiologists and clinicians in the field of vision.

Module 3, Writing a manuscript critique, will not use pre-recorded audio lecture, but will require participants to log in to WebCT and download 2 assignments over 10 weeks, each assignment will be completed in 5 weeks. For each assignment, participants will be assigned to critically appraise and write a critique of the original submission of a manuscript related to eyes and vision (2 weeks to complete). After completing the critique, students will be paired and the completed critique will be sent.
electronically to the fellow student for review and feedback (1 week to complete). Next, all participants will submit their revised critique to all other students and the workshop faculty for review (2 weeks to complete). During the last week, students will participate in an online discussion with all students and faculty to discuss the manuscript (1 hour). A journal editor and methodologist will be included in the discussion. These steps will be repeated for the second assignment.
Appendix I
Overview of Web-based Course
Evidence-based Healthcare for Consumers

Web-based Course Committee:

Zobeida Bonilla,
Latina Health Initiative Program Manager
Our Bodies Ourselves

Jane Nadel,
Consumer Coalition Coordinator
US Cochrane Center

Jodi Sperber
Director
GLBT Access Project

Carlos Ugarte
Vice President for Health
National Council of La Raza

Liz Whamond
Chair
Coordinating Committee of the Cochrane Consumer Network
Faculty of Forestry and Environmental Management
University of New Brunswick
Evidence-based Healthcare for Consumers (cont’d)

Web-Based Course Committee
Initial Discussion August 4, 2004

Concepts:
Goal: Design an interactive course that facilitates consumers’ ability to use evidence-based healthcare information in making decisions.

To the extent feasible, make course accessible to a broad spectrum of consumers accommodating differences in experience and culture.

‘Train the trainers’ – provide a tool that is useful to advocates, providers, education & outreach workers.

Methods:
Incorporate concepts of risk that users encounter in daily life and use this to introduce risk assessment in decisions relating to health care. Indicate how preconceptions can influence decision-making.

Provide answers to these questions:
• Why does this matter? (in hierarchy of pressing needs)
• What questions should I ask? (incorporate concepts and terminology)
• Where do I go to get the answers? (reliability, biases, & perspectives of sources of info.)
• What are the benefits of knowing more? (Course needs to provide channel for questions not currently answered or addressed by existing evidence)
• How do I share this info with others?

Content & Structure:
• Use narrative case studies as educational vehicle
• 4-5 sequential modules incorporating evidence-based concepts
• Modules in both English and Spanish w/ability to pick up where log off
• Link to concepts and definitions as appropriate
• Incorporate broader lessons e.g. how bias can affect both how information is presented and how it is processed, how information empowers consumers individually & collectively
• Have format available for use in community outreach
• Provide PDF fact sheets
• Provide references/additional resources

Dissemination:
Promote in media
Evidence-based Healthcare for Consumers (cont’d)

Ask member organizations and other websites to link to course
Distribute pamphlets in libraries, community-based organizations, at providers’ offices/facilities

Evaluation:
Design a simple evaluation tool
Compare with more traditional distance-learning courses

Initial tasks
1. Create skeletons in English and Spanish
2. Research case studies
3. Identify terms and concepts to be included
4. Develop PDF fact sheets
5. Design a simple evaluation tool – e.g. demographics

Possible name mentioned: www.HealthDecisions.org (registered to America's Health Insurance Plans) HealthDecisions.info available
Evidence-based Healthcare for Consumers (cont’d)

MODULE ONE
Introduction

Introduction to Web-based course on evidence-based healthcare

NOTE: The purpose of this module would be to give users a general description of the site, site content and organization, how modules are organized, etc.

Purpose

The purpose of this web-based course is to provide an interactive tool to facilitate consumers’ ability to use evidence-based healthcare information in making decisions. We have tried to make this course accessible to a broad spectrum of consumers, accommodating differences in experience and culture. We have incorporated a participatory and ‘Train the trainers’ model to provide a tool that is useful to advocates, providers, health educators, and outreach workers.

Objectives
• To educate consumers about how to search for, evaluate, use, and improve healthcare evidence.
• To utilize and interact with Cochrane Consumer Network

General organization/structure of the modules in this course

• Introduction of terms/concepts
• Materials and Methods
• Procedures and Activities

Administer self-administered pre-test
• Introduce the case/scenario, video clip, short interview
• Narratives/personal stories
• Articles from popular press and medical journals
• Follow with questions
• Close module lesson with a self-administered post-test
• End with a message
• Provide links and/or aids to navigate internet for health care information

Methodology used in this web-based course
Describe methodology/steps/organization of modules/what to expect
Evidence-based Healthcare for Consumers (cont’d)

Evidence-based concepts and general definitions (these will most likely be revised and changed based on the results of the work of the “Think” Committee)

**High Quality Health Care:** Health care that is based on an evaluation of the best available evidence by both the provider and the patient and is delivered in a timely, safe, compassionate, and equitable manner.

1. **Best Evidence:** The most recent, relevant, and most comprehensive review of research relating to prevention, screening, diagnosis, and treatment, performed in a scientifically and ethically sound manner.

2. **Evidence-Based Health Care:** Health care based on a collaborative decision-making process between physicians and consumers which takes into account the best research evidence, clinical expertise, and patient values.
MODULE TWO
Initial queries

NOTE: The purpose of this module would be to explain why the use of evidence-based healthcare/information is relevant and important for consumers.

Concepts/questions for this module
• Why does this matter? (in hierarchy of pressing needs)
• What are the benefits of knowing more? (Course needs to provide channel for questions not currently answered or addressed by existing evidence)

Objectives

Materials and Methods

Self-administered pre-test

Procedures and Activities
• Introduce the case/scenario
• Add articles from popular press and medical journals, etc.
• Follow with questions

Close module lessons with self-administered post-test / case scenario with questions

End with a positive, empowering, provocative, and/or inspiring note/ message
MODULE THREE
Asking questions

NOTE: The purpose of this module would be to guide the user through a series of critical questions and concepts related to the use of evidence-based healthcare/information.

Concepts/questions for this module
1. What questions should I ask?
2. Who sponsored the study?
3. How was the population selected?
4. What is the study design?
5. Risks and benefits of the intervention
6. Was the outcome measured meaningful to consumers?

Objectives

Materials and Methods

Self-administered pre-test

Procedures and Activities
• Introduce the case/scenario
• Add articles from popular press and medical journals, etc.
• Follow with questions

Close module lessons with self-administered post-test / case scenario with questions

End with a positive, empowering, provocative, and/or inspiring note/ message
MODULE FOUR
Finding answers

NOTE: The purpose of this module would be to present and explain the concept of evidence-based healthcare/information and why it is relevant to consumers.

Concepts/questions for this module
1. Where do I go to get the answers?
2. Evidence
3. Evidence-based health care
4. Reliability and biases, and perspectives of sources of information

Objectives

Materials and Methods

Self-administered pre-test

Procedures and Activities
• Introduce the case/scenario, add clips, short videos/conversations, new interviews
• Add articles from popular press and medical journals, etc.
• Follow with questions

Close module lessons with self-administered post-test / case scenario with questions

End with a positive, empowering, provocative, and/or inspiring note/ message
MODULE FIVE
Sharing knowledge

NOTE: The purpose of this module would be to give ideas on how to share the knowledge learned about evidence-based healthcare/information (a series of activities/exercises could be used to demonstrate how the information about evidence-based healthcare may be shared)

Concepts/questions for this module
1. How do I share this information with others?

Objectives

Materials and Methods

Self-administered pre-test

Procedures and Activities
• Introduce
• Introduce the case/scenario
• Add articles from popular press and medical journals, etc.
• Follow with questions

Close module lessons with self-administered post-test / case scenario with questions

End with a positive, empowering, provocative, and/or inspiring note/ message
# Appendix J

## Methodological Support Provided to Review Authors by the US Cochrane Center, 2004

<table>
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<tr>
<th>Reviewer</th>
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<tr>
<td>Len Levin, MD, Ph.D. University of Wisconsin</td>
<td>Drug treatment for giant cell arteritis</td>
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<td>Adla Angelina, MD University of Colorado at Denver Health Sciences Center</td>
<td>Autologous serum for xerophthalmia/dry eyes</td>
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<td>Kanchan Ramchand Massachusetts Eye and Ear Infirmary</td>
<td>Surgical interventions for simple retinal detachments</td>
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<td>Dayse Figueiredo Sena, MD Massachusetts Eye and Ear Infirmary</td>
<td>Neuroprotection for treatment and prevention of glaucoma</td>
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<td>Eydie Miller-Ellis, MD Scheie Eye Institute, University of Pennsylvania Health System</td>
<td>Intervention for acute angle closure glaucoma</td>
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<td>Sandra Johnson University of Vermont</td>
<td>Iridectomy for narrow angles for prevention of primary angle closure glaucoma</td>
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<td>Rajesh Shetty, MD Mayo Clinic Jacksonville</td>
<td>Peripheral iridotomy for pigmentary glaucoma</td>
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<td>Roy S. Chuck, MD Wilmer Ophthalmological Institute, The Johns Hopkins University</td>
<td>Topical corticosteroids as adjunctive therapy for bacterial keratitis</td>
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<td>David Friedman, MD Wilmer Ophthalmological Institute, The Johns Hopkins University</td>
<td>Lens extraction versus laser peripheral iridotomy for angle closure glaucoma</td>
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<td>Donald Grover, MD University of Rochester Eye Institute</td>
<td>Intravitreal steroids for macular edema in diabetes</td>
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<td>Prithvi Sankar, MD Scheie Eye Institute, University of Pennsylvania Health System</td>
<td>Interventions for chronic angle closure glaucoma</td>
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<tr>
<td>Aileen Antonio-Santos, MD, Ph.D. Michigan State University</td>
<td>Interventions for stimulus deprivation amblyopia</td>
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<td>Susan Norris, MD, MPH</td>
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<td>Agency for Healthcare Quality and Research</td>
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<td>Howard Savage, MD</td>
<td>Medical interventions for traumatic hyphema</td>
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<td>Aqueous shunts for glaucoma</td>
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<td>University of Southern California</td>
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<td>Gina Sleilati, MD</td>
<td>Blood pressure control in the management of diabetic retinopathy</td>
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<tr>
<td>Usha Reddy</td>
<td>Interferon for age related macular degeneration</td>
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<tr>
<td>Arthur Geltzer, MD</td>
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<td>Karla Zadnik, OD, Ph.D.</td>
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<td>Mark Bullimore, Ph.D.</td>
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<td>Dan Twelker, OD, Ph.D.</td>
<td>Contact lenses for slowing myopia progression in children</td>
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<td>University of Arizona</td>
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### Reviewer mini sabbaticals, 2004

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<td>Donald Minckler, MD University of Southern California</td>
<td>Aqueous shunts for glaucoma</td>
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<tr>
<td>Magda Krzystolik, MD Brown University</td>
<td>AntiVegF for age related macular degeneration</td>
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<tr>
<td>Arthur Geltzer, MD Brown University</td>
<td>Surgical implantation of steroids with antiangiogenic characteristics for treating exudates macular degeneration</td>
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<tr>
<td>Angela Turalba, MD Brown University</td>
<td>Surgical implantation of steroids with antiangiogenic characteristics for treating exudates macular degeneration</td>
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<td>Usha Reddy Brown University</td>
<td>Interferon for age related macular degeneration</td>
</tr>
<tr>
<td>Charles Wilkinson, MD Depts. of Ophthalmology, Greater Baltimore Medical Center and The Johns Hopkins Univ.</td>
<td>Interventions for asymptomatic retinal breaks and lattice degeneration for preventing retinal detachment</td>
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## Appendix K

**A Partial List of Visitors from January 1, 2004 to December 31, 2004 to the USCC**

<table>
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<tr>
<th>Visitor Name</th>
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<tr>
<td>Pierre Buekens</td>
<td>Dean, School of Public Health, Tulane University, New Orleans, LA</td>
<td>May 5, 2004</td>
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<tr>
<td>Rick Long</td>
<td>Fellow, Memorial Hospital Pawtucket, RI</td>
<td>February 27, 2004</td>
</tr>
<tr>
<td>Donald Minckler</td>
<td>Professor, Dept of Ophthalmology University of Southern Calif. Los Angeles, CA</td>
<td>February 30-31, 2004</td>
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<tr>
<td>John Morton</td>
<td>Fellow, Memorial Hospital Pawtucket, RI</td>
<td>February 27, 2004</td>
</tr>
<tr>
<td>Tom Roskanskas</td>
<td>Fellow, Memorial Hospital Pawtucket, RI</td>
<td>February 27, 2004</td>
</tr>
<tr>
<td>Janet Wale</td>
<td>Consumer Network Representative, Cochrane Cancer Network Perth, Australia</td>
<td>May 26, 2004</td>
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Appendix L
USCC Staff Presentations in 2004

Presentations by Kay Dickersin, PhD

11. The Cochrane Collaboration: What is it, how does it relate to evidence-based healthcare, and how can I access its output? Tulane School of Public Health and Tropical Medicine, New Orleans, LA. October 21, 2004.
14. The Cochrane Collaboration: What is it, how does it relate to evidence-based healthcare, and how can I access its output? Boston University School of Medicine, Boston, MA. November 30, 2004.

Presentations by Suzanne Brodney Folse, PhD
# Appendix M

## Handsearch of Journals and Conference Proceedings by USCC in 2004

<table>
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<tr>
<th>Name</th>
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<th>No. journal-years</th>
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<th>CCTs identified$^1$</th>
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<td>Archives of Ophthalmology</td>
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<td>Ophthalmic and Physiological Optics</td>
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<td>55</td>
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</table>

The preceding journals and conference proceedings were included in CENTRAL for CEVG@US in 2004. Data abstracted from the CEVG Handsearching Progress Report updated last on October 6, 2005.

$^1$RCT (Randomized Clinical Trial) and CCT (Controlled Clinical Trial) are defined by the Cochrane Collaboration in The Cochrane Handbook for Systematic Reviews of Interventions (Higgins JPT, Green S, editors. Cochrane Handbook for Systematic Reviews of Interventions 4.2.5 [updated May 2005]. In: The Cochrane Library, Issue 3, 2005. Chichester, UK: John Wiley & Sons, Ltd.) as follows:

- Records identified for inclusion should meet the eligibility criteria devised and agreed in November 1992, which were first published, in 1994, in Section 5 of the Cochrane Reviewer’s Handbook. According to these eligibility criteria:
  - A trial is eligible if, on the basis of the best available information (usually from one or more published reports), it is judged that: the individuals (or other units) followed in the trial were definitely or possibly assigned prospectively to one of two (or more) alternative forms of health care using random allocation or some quasi-random method of allocation (such as alternation, date of birth, or case record number).
  - Trials eligible for inclusion are classified according to the reader’s degree of certainty that random allocation was used to form the comparison groups in the trial. If the author’s state explicitly (usually by some variant of the term ‘random’ to describe the allocation procedure used) that the groups compared in the trial were established by random allocation, then the trial is classified as an ‘RCT’ (randomized controlled trial). If the author’s do not state explicitly that the trial was randomized, but randomization cannot be ruled out, the report is classified as a ‘CCT’ (controlled clinical trial). The classification ‘CCT’ is also applied to quasi-randomized studies, where the method of allocation is known but is not considered strictly random, and possibly quasi-randomized trials. Examples of quasi-random methods of assignment include alternation, date of birth, and medical record number.
  - The classification as RCT or CCT is based solely on what the author has written, not on the reader’s interpretation; thus, it is not meant to reflect an assessment of the true nature or quality of the allocation procedure. For example, although double-blind trials are nearly always randomized, many trial reports fail to mention random allocation explicitly and should therefore be classified as ‘CCT’.
  - Relevant reports are reports published in any year, of studies comparing at least two forms of health care (healthcare treatment, healthcare education, diagnostic tests or techniques, a preventive intervention, etc.) where the study is on either living humans or parts of their body or human parts that will be replaced in living humans (e.g., donor kidneys). Studies on cadavers, extracted teeth, cell lines, etc. are not relevant. Searchers should identify all controlled trials meeting these criteria regardless of relevance to the entity with which they are affiliated.
  - The highest possible proportion of all reports of controlled trials of health care should be included in CENTRAL. Thus, those searching the literature to identify trials should give reports the benefit of any doubts. Reviewers will decide whether to include a particular report in a review.
1. **Action item:** Hire professional consultants to develop a business plan for the US Cochrane Center. Decide on the major customer for Cochrane product(s). Discuss challenges unique to US.

**Volunteers:** Bob Brook, Tony Lehman, Jeff Lerner, Velvet Miller

2. **Action item:** Propose IOM study to Congress that would examine how evidence is being synthesized worldwide, what needs to be done, and the US role in doing it.

**Volunteers:** Bob Brook, Roger Herdman

3. **Action item:** Develop a plan to identify funding sources for the US Cochrane Center, US entities, and US contributors

**Volunteers:** Jessie Gruman, Roger Herdman

4. **Action item:** Incorporate evidence-based healthcare and the Cochrane Collaboration into US medical education programs

**Volunteers:** Mike Whitcomb

5. **Action item:** Make *Cochrane Library* subscriptions available to the USCC Advisory Board, journalists, and key consumer groups free of charge. Free US-wide access would serve an even greater community.

**Volunteers:** Dan Fox, Kay Dickersin

6. **Action item:** Make Cochrane reviews user-friendly for healthcare providers and consumers, and available via multiple links and derivative products.

**Volunteers:** John Ball, Cathy DeAngelis, Christina Farup, Andrew Holtz, Cindy Mulrow
7. **Action item:** Continue to pitch the work of the Cochrane Collaboration.  
   **Volunteers:** Cathy Baase, Mark Gibson, Jessie Gruman, Clarion Johnson

8. **Action item:** Develop mechanisms for showing the Cochrane Collaboration’s value to the outside world. Materials should be made available for those wishing to pitch the Cochrane Collaboration to others. These materials would include brochures, one page descriptions, slide sets, as well as materials using other methods of communicating information about the Cochrane Collaboration.  
   **Volunteers:** Dan Fox, Kay Dickersin
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Appendix P

United States Cochrane Center
Performance Targets for January 1 - December 31, 2005

1. Target: Coordinate the development and maintenance of the Cochrane Central Register of Controlled Trials (CENTRAL)

1.1 Objective: Perform and compile results of literature searches (MEDLINE search, handsearch results, and specialized register submissions).

Action Items:
- Receive and process submissions of handsearch results from Cochrane entities and submit to CENTRAL publisher [Anticipated Completion Date (ACD): Quarterly];
- Receive and process submissions of specialized registers (SRs) from Cochrane entities and submit to CENTRAL publisher (ACD: Quarterly);
- Perform quality control on electronic search results before submission to CENTRAL (ACD: 10/05);
- Produce and disseminate on the US Cochrane Center web site a list of all SRs and handsearch submissions processed for CENTRAL (ACD: Quarterly).

1.2 Objective: Coordinate, maintain, and regularly update the Master List of Journals Being Searched (Master List).

Action Items:
- Maintain Master List through annual update mailing (ACD: Annually in March).

1.3 Objective: Serve as coordinating group for the CENTRAL Advisory Group (CCAG) activities. This involves planning meetings and phone calls, preparing and distributing summary and transcribed minutes, maintaining the CCAG email discussion list, and preparing and disseminating CENTRAL and CCAG related materials.

Action Items:
- Convene annual meeting of CCAG at the 2005 Cochrane Colloquium (ACD: 10/05);
- Distribute to the CCAG list the final minutes for the 2005 Colloquium meeting of the CCAG (ACD: 12/05);
- Convene and produce minutes for CCAG conference calls (ACD: 1-2 times annually);
**Performance Targets for January 1 - December 31, 2005 (cont’d)**

- Produce documents required for CCAG reporting to Steering Group (ACD: Twice annually);
- Decide on how to proceed with stored paper copies of old handsearch results to facilitate retrieval of lost records (ACD: Ongoing).

**1.4 Objective:** In collaboration with the CCAG, Collaborative Review Group (CRG) Coordinators, the Information Management System Group (IMSG), Trials Search Coordinators (TSCs), the United Kingdom Cochrane Center (UKCC), Update Software and Wiley InterScience, prepare for the development of the “new CENTRAL”.

**Action Items:**

- Pilot tests are required of the following processes:
  - EMBASE and LILACS downloads (ACD: 6/05),
  - repopulating SRs with “clean” data (ACD: Ongoing).
- Develop survey to TSCs to learn which fields are included in their SRs;
- Decide upon a final set of fields to include in CENTRAL for the new generation of *The Cochrane Library* software (ACD: Ongoing - being discussed by CCAG);
- Develop systems for record coding on CENTRAL to enable searching specifically for records not yet included in any Review Group’s SR (ACD: To be determined by CCAG);
- Develop systems for insuring upload to CENTRAL of the 755 remaining lost handsearch results (ACD: Ongoing);
- Develop plans to register unpublished trials on CENTRAL or elsewhere (ACD: To be determined by CCAG);
- Work with Update Software and CCAG to locate 755 remaining lost records (ACD: 9/05);
- Develop systems and rules for publishing references of ongoing and unpublished trials (ACD: To be determined by CCAG);
- Create a database list of updated journal names (each journal with its own table of information) (ACD: Ongoing);
- Establish systems for quality checking handsearch submissions from non-English language journals (ACD: Ongoing).
Performance Targets for January 1 - December 31, 2005 (cont’d)

2. Target: Work with National Library of Medicine (NLM) to ensure that controlled trials included on MEDLINE are appropriately indexed as publication type CONTROLLED CLINICAL TRIAL (CCT) or RANDOMIZED CONTROLLED TRIAL (RCT) (MEDLINE Retagging Project).

2.1 Objective: Receive, process, and quality check submissions of handsearch results from Cochrane entities, perform electronic search on MEDLINE, and submit the results to NLM.

Action Items:

- Complete the 2004 search of MEDLINE using Phases I and II of the Cochrane Highly Sensitive Search Strategy (HSSS) (ACD: 7/05);
- Review search results and identify unindexed reports of RCTs and CCTs (ACD: 9/05);
- Complete quality control of the results from electronic search (ACD: 10/05);
- Quality check handsearch results and submit for MEDLINE retagging (ACD: Once each year);
- Submit file of unindexed reports of RCTs and CCTs to NLM for retagging (ACD: Ongoing);
- Phase I, 2001 - 2004 titles without abstracts to identify potential trials (ACD: Ongoing).

3. Target: Provide training and support for reviewers, Review Group Coordinators (RGCs), Trial Search Coordinators (TSCs), editors, handsearchers, and consumers. In addition, provide training and support for others responsible for training activities.

3.1 Objective: Maintain, revise and distribute on the worldwide web and elsewhere guides for Cochrane procedures.

Action Items:

- Distribute and maintain on the web and elsewhere a Guide for Submission of Specialized Registers to CENTRAL, to assist RGCs/TSCs and others in submitting their specialized registers to CENTRAL (ACD: Ongoing);
- Distribute and maintain on the web and elsewhere a Guide for Submission of Handsearch Results to CENTRAL, to assist RGCs/TSCs and others in submitting their handsearch results to CENTRAL (ACD: Ongoing);
- Revise as needed, distribute and maintain the CENTRAL Management
Performance Targets for January 1 - December 31, 2005 (cont’d)

Plan (ACD: Ongoing);

• Revise as needed, Locating and Selecting Studies, Chapter Five of the Cochrane Reviewer’s Handbook (ACD: Ongoing);

• Maintain help file for TSCs at http://www.cochrane.us (ACD: Ongoing).

3.2 Objective: Develop and facilitate Cochrane training workshops and courses.

Action Items:

• Provide register and handsearch submission training for TSCs, RGCs, and others, at the 2005 Colloquium and other opportunities, as requested (ACD: 10/05);

• Develop and facilitate one workshop at the Colloquium on handsearching the healthcare literature for trial reports (ACD: 10/05);

• Develop and facilitate one workshop at the 2005 Colloquium on train-the-trainer (ACD: 10/05);

• Maintain a web-based distance education handsearching course (ACD: Ongoing);

• Maintain the permissions for the Cochrane Handsearcher Training Manual (ACD: Ongoing);

• Develop and maintain a web-based distance education peer review course (ACD: Ongoing);

• Develop and maintain a web-based distance education consumer course (ACD: Ongoing);

• Through both the dissemination of the Handsearcher Training Manual and the provision of the handsearching workshops, train 50 individuals to handsearch the medical literature (ACD: 12/05);

• Facilitate one workshop in peer review for 2005 (ACD: 4/05);

• Facilitate two systematic review training workshops for 2005 (ACD: 7/05);

• Provide one critical appraisal for healthcare professionals workshop (ACD: 10/05);
• Develop and facilitate one workshop with US consumer advocates on ways to disseminate information on evidence-based healthcare to consumers of healthcare in the US (ACD: 9/05).

3.3 Objective: Provide ongoing support and training through individual contacts, email discussion lists, and directories.

Action Items: • Support communication on the development and maintenance of CENTRAL through maintenance of TSCS’ e-mail discussion list (ACD: Ongoing);

• Support communication and collaboration among TSCS and Centers through the updating and regular distribution of The Cochrane Collaboration Directory of Trial Search Coordinators (TSCS) and Contact People at Centers (ACD: Ongoing);

• Provide mentoring and methodological consultation to individual Cochrane collaborators throughout the year (ACD: Ongoing);

• Train health professionals, the media, and consumers to use The Cochrane Library (ACD: Ongoing).

4. Target: Promote awareness of The Cochrane Collaboration and access to Cochrane products.

4.1 Objective: Ensure that individuals (including consumers) and institutions within the region served by USCC are aware of all aspects of The Cochrane Collaboration and the USCC; highlight Cochrane activities in presentations and reports to health professionals and consumers, whenever relevant.

Action Items: • Make international and national or local presentations about The Cochrane Collaboration and distribute informational materials to interested parties (ACD: 9/05);

• Conduct a one-day conference for policy makers on The Cochrane Collaboration and evidence-based healthcare in conjunction with the Cochrane leadership mid-year meetings (3/05).

4.2 Objective: Work to ensure that The Cochrane Library is made available and accessible to all regional institutions and government agencies.

Action Items: • Participate in conference calls with the North American Cochrane Center Group of Wiley InterScience (Wiley) as needed (ACD: Ongoing);
Performance Targets for January 1 - December 31, 2005 (cont’d)

- Promote The Cochrane Library in presentations, workshops, meetings and distribute promotional materials to participants (ACD: Ongoing).

4.3 Objective: Encourage institutions and colleagues [e.g., National Institutes of Health (NIH), professional review organizations, health departments, university libraries] to expand subscriptions to Cochrane products.

Action Items: 
- Negotiate with Wiley free trial access for the members of the USCC Consumer Coalition (ACD: Ongoing).

4.4 Objective: Encourage news media to subscribe to and use The Cochrane Library.

Action Items: 
- Log media contacts (ACD: Ongoing);
- Monitor media mentions of The Cochrane Collaboration in English language news sources (ACD: Ongoing).

4.5 Objective: Work with physicians, consumers, government, and others to identify ways in which Cochrane reviews can better meet their needs.

Action Items: 
- Address this topic at meetings, workshops and presentations to gather information (ACD: Ongoing).

4.6 Objective: Act as facilitators, when requested, to aid in the listing and indexing of Cochrane reviews and other products in electronic publications and databases (e.g., indexing of Cochrane reviews in MEDLINE).

Action Items: 
- Provide assistance to facilitate the process of indexing, if needed (ACD: Ongoing).

4.7 Objective: Maintain and expand the USCC’s web presence.

Action Items: 
- Track hits to the site (ACD: Ongoing);
- Develop strategies to improve layout, format, navigation and overall design (ACD: Ongoing);
- Update and revise content (ACD: Ongoing).

5. Target: Perform USCC administrative functions.

5.1 Objective: Perform handsearching of US medical journals and conference proceedings.
Performance Targets for January 1 - December 31, 2005 (cont’d)

**Action Item**
- Search 50 journal-years and perform a quality check on search results (ACD: Ongoing).

**5.2 Objective:**
Participate in annual meetings at the 2005 Melbourne Colloquium. *(The ACD for all Action Items listed below is 10/05)*.

**Action Items:**
- Host US Cochrane Contributors’ meeting;
- Participate the Meet the Entities exchange;
- Participate in the Cochrane Center Staff meeting;
- Participate in the Center Director meeting;
- Participate in the Steering Group meeting (as requested);
- Administer the Thomas C. Chalmers, MD Award.

**5.3 Objective:**
Perform general Center administrative functions.

**Action Items:**
- Develop and maintain a US Cochrane contributors’ database of postal and email addresses and update twice yearly (ACD: Ongoing);
- Host the mid-year meetings of the Steering Group and Center Directors’ Meetings at Brown University in Providence, Rhode Island (ACD: 3/05);
- Participate in mid-year Steering Group and Center Directors’ Meetings (ACD: 3/05);
- Monitor and respond to all requests for information about The Cochrane Collaboration and Cochrane related products (ACD: Ongoing);
- Maintain up-to-date USCC Task List (ACD: Ongoing);
- Revise and reformat USCC Handbook (ACD: Ongoing);
- Hold a USCC Advisory Board meeting (ACD: 3/05);

**6. Target:**
Seek and obtain funding support for USCC activities.

**6.1 Objective:**
Ensure continuation of the MEDLINE Retagging Project funding from NLM to ensure that all controlled trials on MEDLINE are indexed appropriately on MEDLINE and included in CENTRAL.
Performance Targets for January 1 - December 31, 2005 (cont’d)

Action Items:  • Submit a request for funding to the CCSG to continue the MEDLINE Retagging Project (ACD: 9/05).

6.2 Objective:  Continue working with other funding agencies (e.g., Agency for Healthcare Research and Quality, Milbank Memorial Fund) that have contributed funding to the Baltimore Cochrane Center or NECC in the past, as well as the Cochrane Steering Group.

Action Items:  • Raise funds for consumers to attend the 2005 Cochrane Colloquium (ACD: 9/05).

6.3 Objective:  Ensure continuation of AHRQ funding.

Action Items:  • Submit continuation application to AHRQ (ACD: 7/05);  • Provide documentation and reports to AHRQ as required (ACD: Ongoing).

6.4 Objective:  Ensure continuation of NEI funding for programs to increase awareness of and involvement in evidence-based healthcare research among US eyes and vision specialists.

Action Items:  • Provide documentation and reports to NEI as required (ACD: 5/05 and 10/05, twice a year).

6.5 Objective:  Continue to identify new sources of funding for the continuation of CENTRAL and development of the “new CENTRAL”.

Action Items:  • Submit a request to CCSG for funding (ACD: 9/05).

6.6 Objective:  Work with other Cochrane Centers in the US to identify sources of funding and to leverage our combined efforts to obtain funding.

Action Items:  Provide grant writing assistance and informal training to US contributors and entity members, as needed (ACD: Ongoing).
Performance Targets for January 1 - December 31, 2005 (cont’d)

7. Target: Conduct research

7.1 Objective: Conduct methodological research in systematic reviews, trials registers, and meta-analysis.

Action Items:

• Submit poster presentations to the 2005 Cochrane Colloquium (ACD: 10/05);

• Submit papers for publication describing research and other work related to The Cochrane Collaboration (ACD: Ongoing);

• Develop protocol for a project that compares handsearching the paper version of a journal with the online version of the same journal (ACD: Ongoing).